



Knowledge, Attitude and Practice (KAP) of child protection actors in Italy, Lithuania and Poland

Data Analysis Report

Resilience Research Unit - RiRes

Dipartimento di Psicologia – Università Cattolica del Sacro Cuore di Milano

Implemented by



Paramos vaikams centras
Children Support Centre



EMPOWERING
CHILDREN
FOUNDATION



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

The content of this document represents the views of the author only and is his/her sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains. This document was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020).



Funded by the
European Union's Rights, Equality
and Citizenship Programme (2014-2020)

Knowledge, Attitude and Practice (KAP) of child protection actors in Italy, Lithuania and Poland

Data Analysis Report

Italian context: Knowledge, Attitude and Practice (KAP) of professionals

Lithuanian context: Knowledge, Attitude and Practice (KAP) of professionals

Poland context: Knowledge, Attitude and Practice (KAP) of professionals

Conclusions

Knowledge, Attitude and Practice (KAP) of child protection actors in Italy, Lithuania and Poland

Data Analysis Report

Italian context: Knowledge, Attitude and Practice (KAP) of professionals

Section A: Professionals' experience with children exposed to ACEs

General Information

Difficulties met by the child protection professionals in relating with caregivers and children

Section B: Risk and protective factors for each developmental milestones

The Perinatal Stage: risk and protective factors

The Postnatal Stage: risk and protective factors

The Kindergarten entry Stage: risk and protective factors

The Early dating Stage: risk and protective factors

Section C: Professionals' Learning Gaps

Italian context: Knowledge, Attitude and Practice (KAP) of professionals

Section A: Professionals' experience with children exposed to ACEs

General Information

Figure 1 reports the number of Italian professionals involved in the data collection, divided by professional category.

Professional categories	Number of each professional categories (N)
Educators	6
Medical care practitioners	10
NGO experts	2
Policemen	4
Psychologist	3
Social service practitioners	3
Teachers/provider of early care and education	9

Figure 1. Number of Italian professionals involved in the data collection

In particular, figure 2 highlights the percentage of interviewees in each professional category involved in the data collection process.



Figure 2. Percentage of professionals categories interviewed

Professionals who have been interviewed have an average of 17 years of experience (Figure 3).

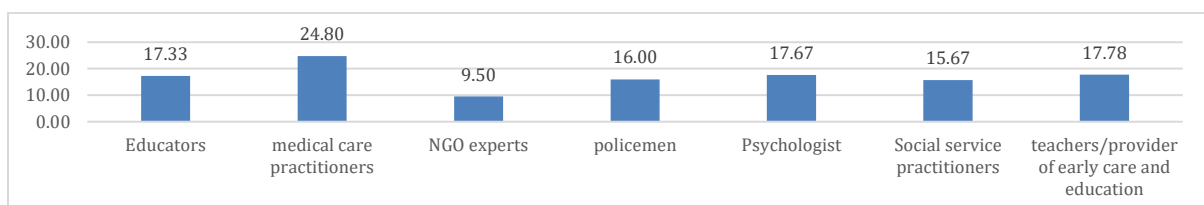


Figure 3. Average of years of experience for each professional category

Figure 4 reports the percentage of interviewees in each professional category that have been in contact with ACE cases.

Medical care practitioners, NGO experts and policemen have been involved with cases reporting all types of ACE considered among other professionals. In particular, police professionals have been involved with cases exposed to each and every ACE explored.

Neglect, Physical maltreatment and Psychological maltreatment are the most reported ACE, while sexual abuse is the less reported.

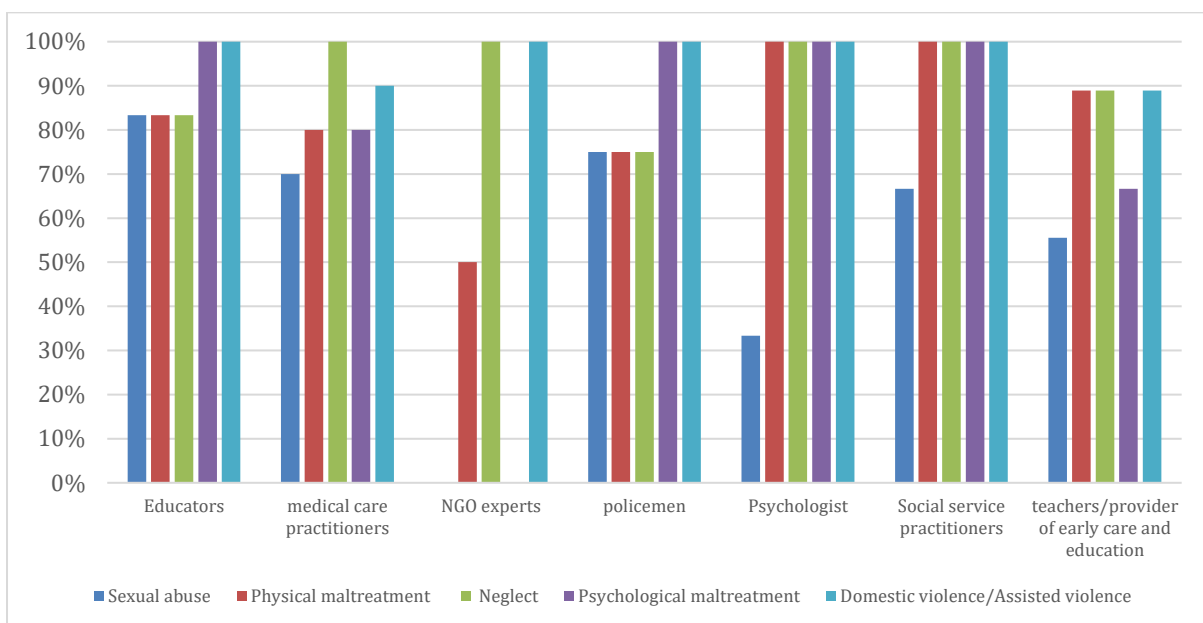


Figure 4. The main types of ACE (adverse childhood experience) met by each professional category

All professional categories have been in contact with each ACE, except for NGO experts who have never been in contact with cases of sexual abuse and psychological maltreatment. Social service practitioners, educators and psychologist are the professionals who have been mostly in contact with ACE cases: 100 % of social service practitioners and psychologists have been working with children exposed to domestic violence, psychological maltreatment, neglect and physical maltreatment. Furthermore, 100 % of educators have assisted beneficiaries reporting psychological maltreatment and domestic violence. Italian teachers and policemen report more access to ACE cases, comparing to the other countries. These results highlight the **relevancy of the topics of the training for each professional category**. Indeed, when dealing with ACE cases it's fundamental to have general knowledge on the consequences of these experiences on beneficiaries' mental health and wellbeing and guidelines on how understanding and intervening with them.

Difficulties met by the child protection professionals in relating with caregivers and children

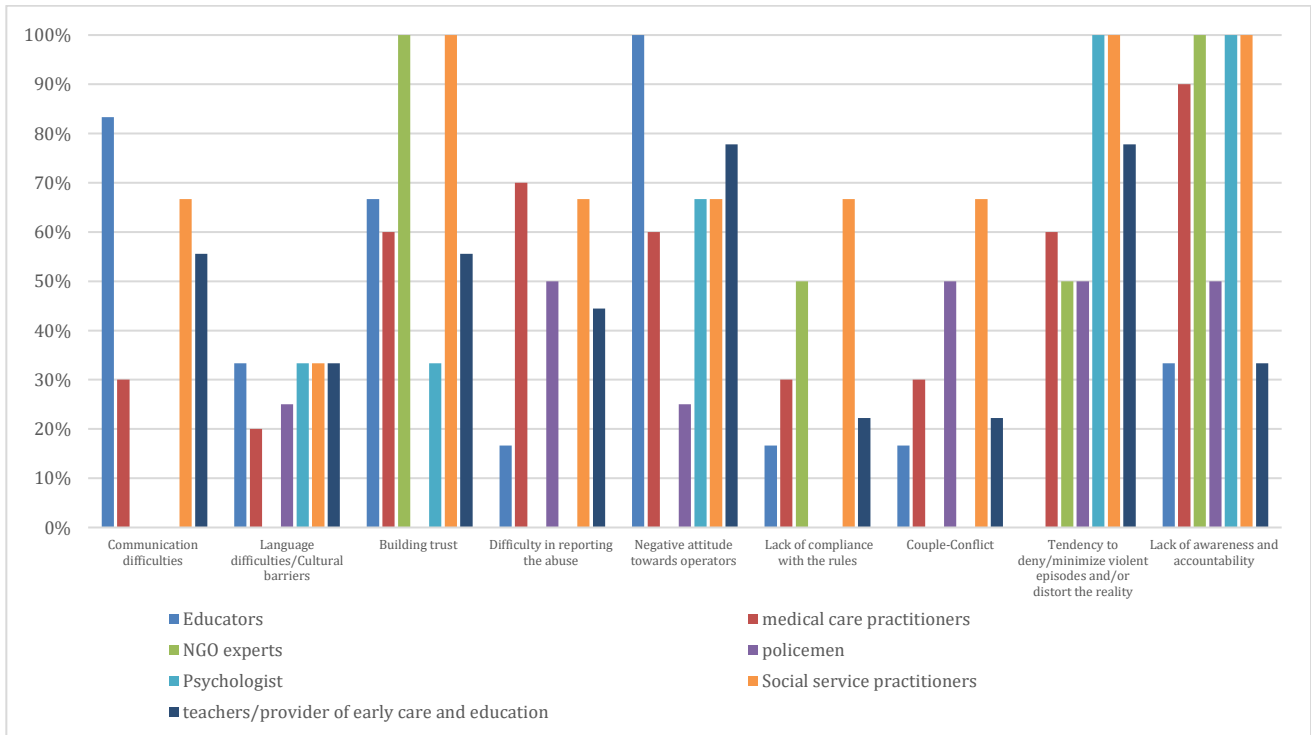


Figure 5. The main difficulties in the relationship with the caregivers

The 3 main difficulties reported by the interviewees in the relationship with the caregivers are the tendency to deny/minimize violent episodes and/or distort the reality, the lack of awareness and accountability and the difficulty in building trust with them (Figure 5).

Therefore, part of the training will be dedicated to explore and make meaning of the difficulty in building trust with caregivers met by professionals and the related parents' frequent neglect regarding the abuse, their responsibility on it and the impact of the act on the child.

Questions like “Why this happens?”, “Why parents do not ask for help?” and “How can professionals deal with this and create a trusting alliance with the caregivers?” will be raised.

Another important topic mainly highlighted by educators, social service practitioners and teachers, **is how to build an effective communication with caregivers, that may allow them not to feel judged but rather to engage in the supporting process.** Indeed, almost all professional categories (*i.e.* more than 50 % of teachers, educators, social service practitioners, medical practitioners and psychologists) perceive a caregivers' negative attitude towards the child protection actors. Policemen are the professional category reporting less problems in the relationship with caregivers.

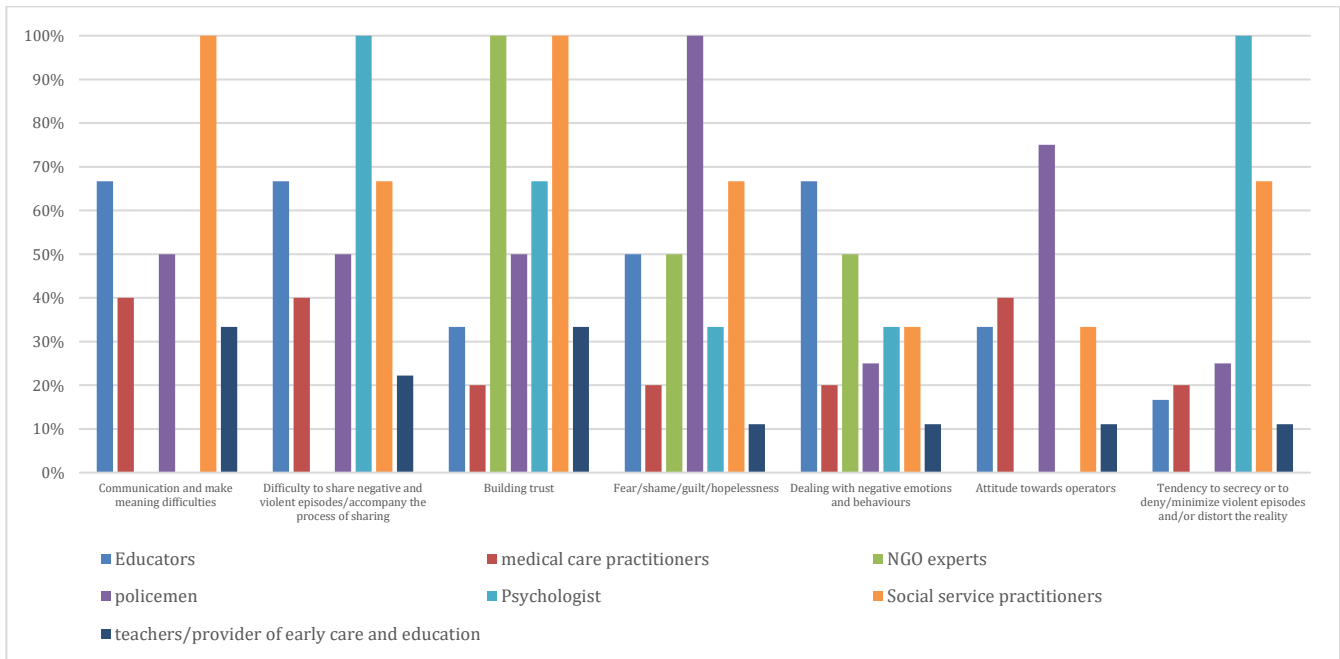


Figure 6. The main difficulties in the relationship with the children

The main difficulties met by professionals in the relationship with children are the child difficulties in reporting the abuse, due to the feelings of fear, shame, guilt and hopelessness and the frequent tendency secrecy or to deny/minimize violent episodes and/or distort the reality, mainly detected by psychologists and social service practitioners (Figure 6).

Therefore, during the training it'll be important **exploring the different emotions associated with ACE and make meaning of the children' tendency to neglect and distort the reality. Furthermore, it's fundamental illustrating how professionals can help children dealing with their negative emotions and relying on professionals without feeling guilty for that.** Indeed, building trust appears one of the most frequent difficulty reported by each professional category (*i.e.* 100% of NGO experts and social service practitioners and more then 50% of psychologists, 50 % policemen and 33% of teachers and educators).

Finally, most of professionals reported difficulties in communicating, make meaning of past experiences (*i.e.* 100 % of social service practitioners, 67% of educators, 50% of policemen, 40% of medical care practitioners and 33% of teachers) and in accompanying children in sharing the negative memories (*i.e.* 100% of psychologists, 67% of educators and social service practitioners, 50% of policemen, 40 % of medical care practitioners and 22% of teachers). Therefore, it'll be important training practitioners on **communicating effectively with children** and on **accompanying them in disclosing their negative memories and in dealing with the related negative emotions without being shattered by them.**

Section B: Risk and protective factors for each developmental milestone

The following graphs (Figure 7,8,9,10) report the percentage of interviewees in each professional category that has been in contact with each developmental milestone.

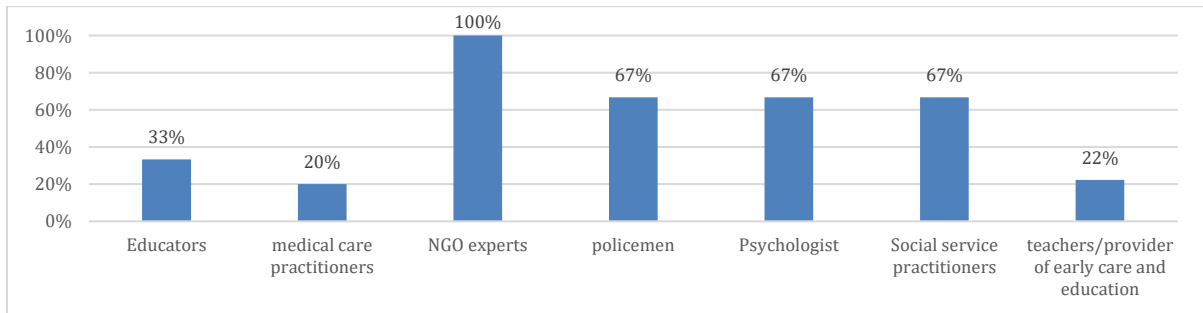


Figure 7. Access to Perinatal stage by professional category

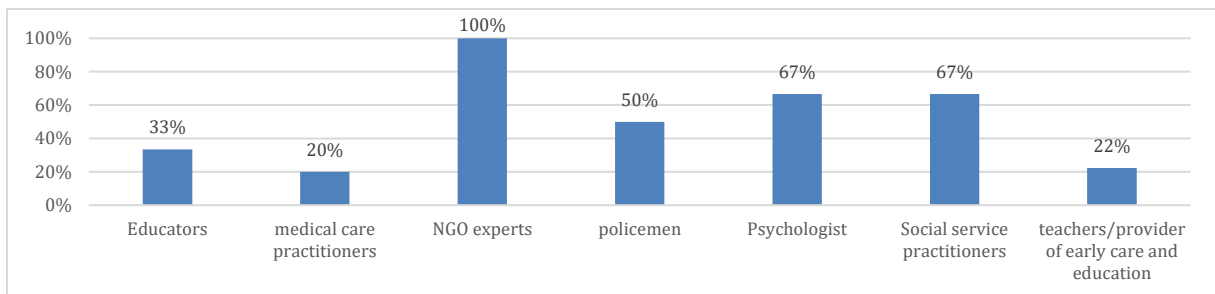


Figure 8. Access to Post-Natal stage by professional category

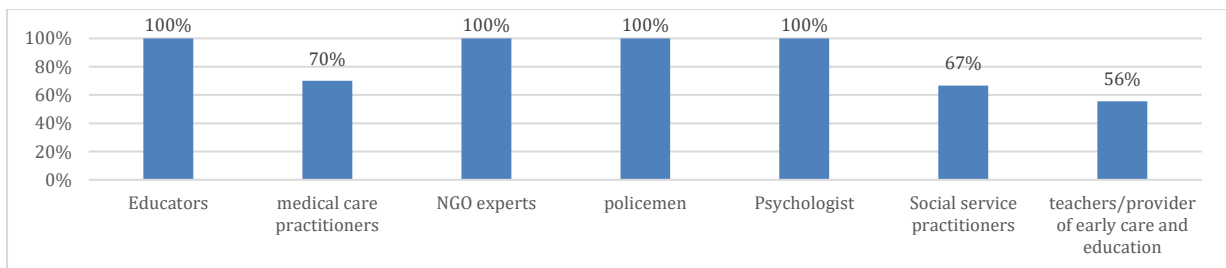


Figure 9. Access to Kindergarten stage by professional category

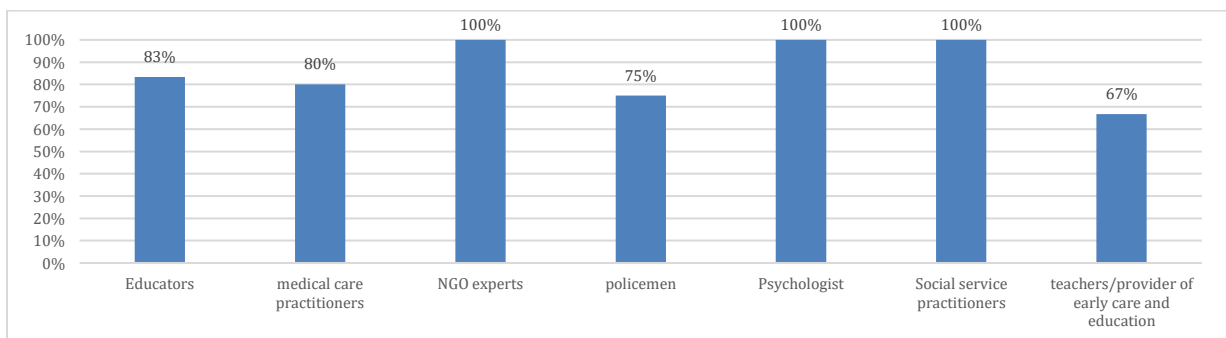


Figure 10. Access to Early dating stage by professional category

Kindergarten entry and early dating developmental milestones are the developmental milestones where most of the professional categories are involved: more than 56% of each professional category have access to both stages; furthermore 100% of the interviewed educators, NGO experts, policemen and psychologists have met kindergarten entry ACE cases, while 100 % of NGO experts, psychologists and social service practitioners have met early dating ACE beneficiaries.

100% of the NGO experts and more than 50% of the interviewed policemen, psychologists and social service practitioners have access to each and every developmental milestone. This highlights the importance of **training professionals on the specificity of ACE in each developmental milestone and the related risk and protection that may shape the resilience process in each target of beneficiaries.**

The following graphs report the main risk and protective factors indicated by interviewees, related to each developmental milestone.

The Perinatal Stage: risk and protective factors

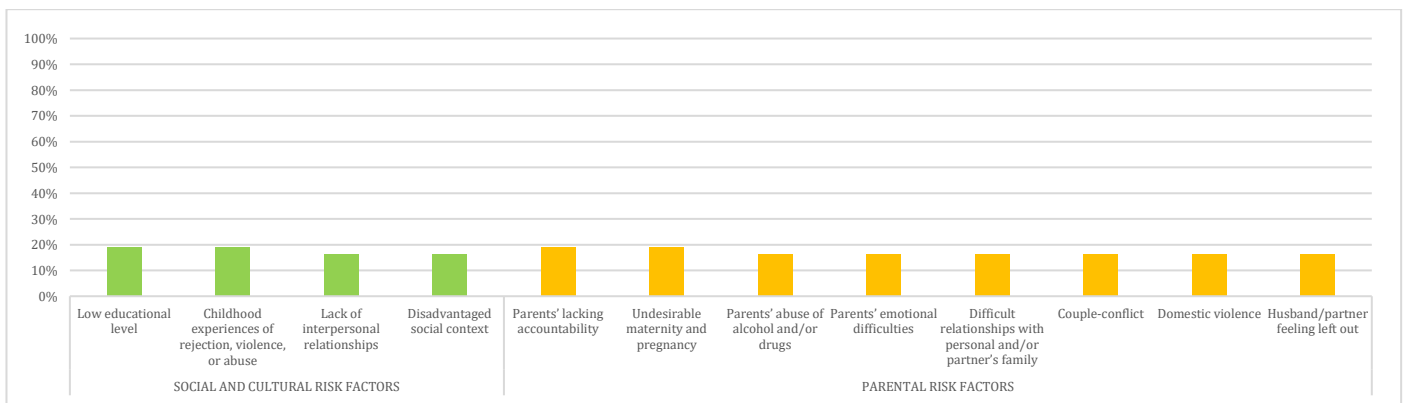


Figure 11. Perinatal stage – risk factors

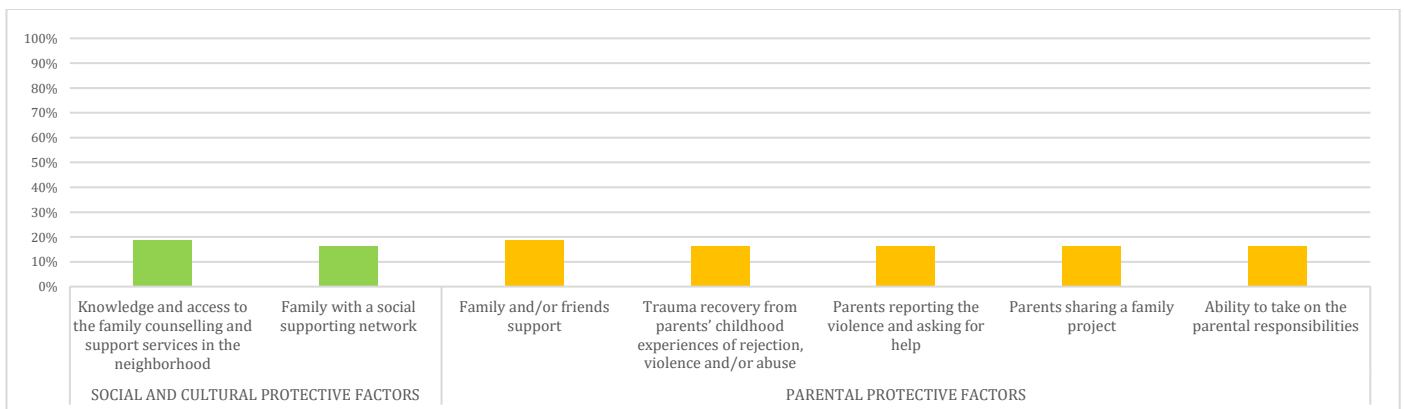


Figure 12. Perinatal stage – protective factors

Regarding the **perinatal stage**, few relevant risk and protective factors have been indicated by professionals (*i.e.* less than 20% of each reported factor) (Figure 11, 12). Further investigation on the relevant risks and protections in the cases dealing with each developmental milestone will be done during the training.

The Postnatal Stage: risk and protective factors

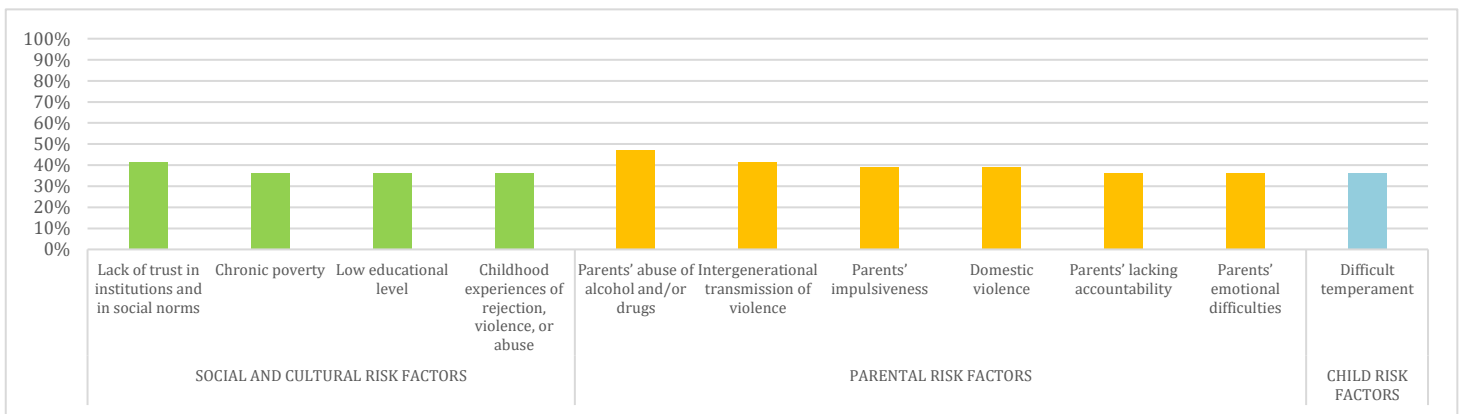


Figure 13. Post natal stage – risk factors

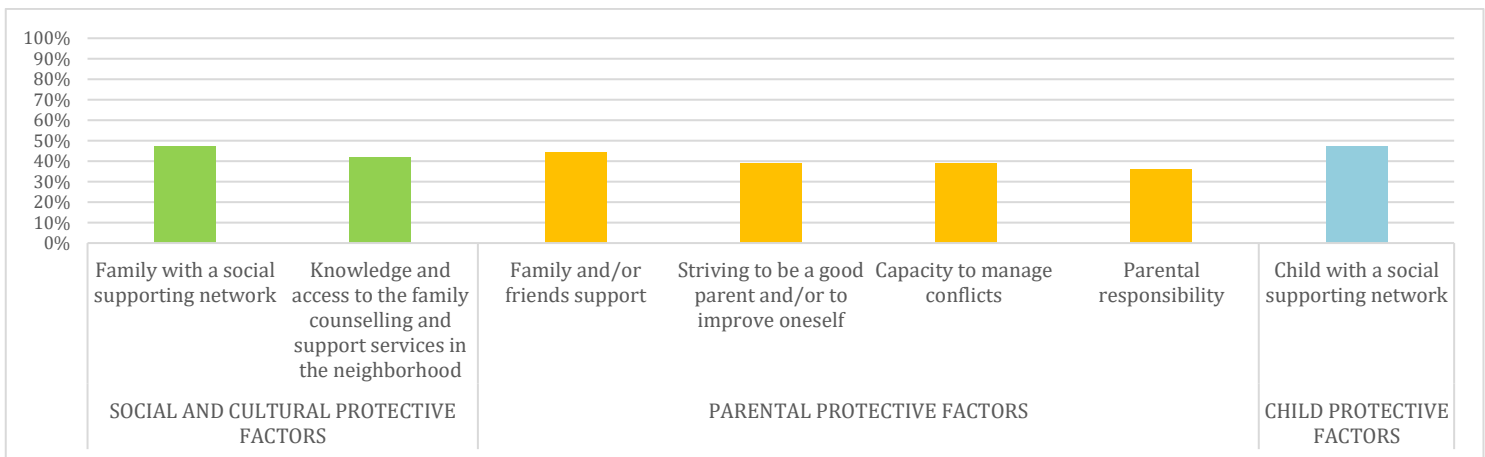


Figure 14. Post natal stage – protective factors

In the **post-natal** developmental milestone, at-risk parents appear to lack interpersonal relationships and social integration. Furthermore, problems of addictions have been observed in caregivers, together with post-partum depression or baby blues and undesirable pregnancy and couple conflicts. In line with this, **facilitating the caregivers' access to the family counseling and supporting services in the neighborhood, and strengthening the friends and family networks** which may accompany them in assuming their role of caregivers are relevant protective factors when supporting ACE families during the postnatal stage (Figure 13,14).

The Kindergarten entry Stage: risk and protective factors

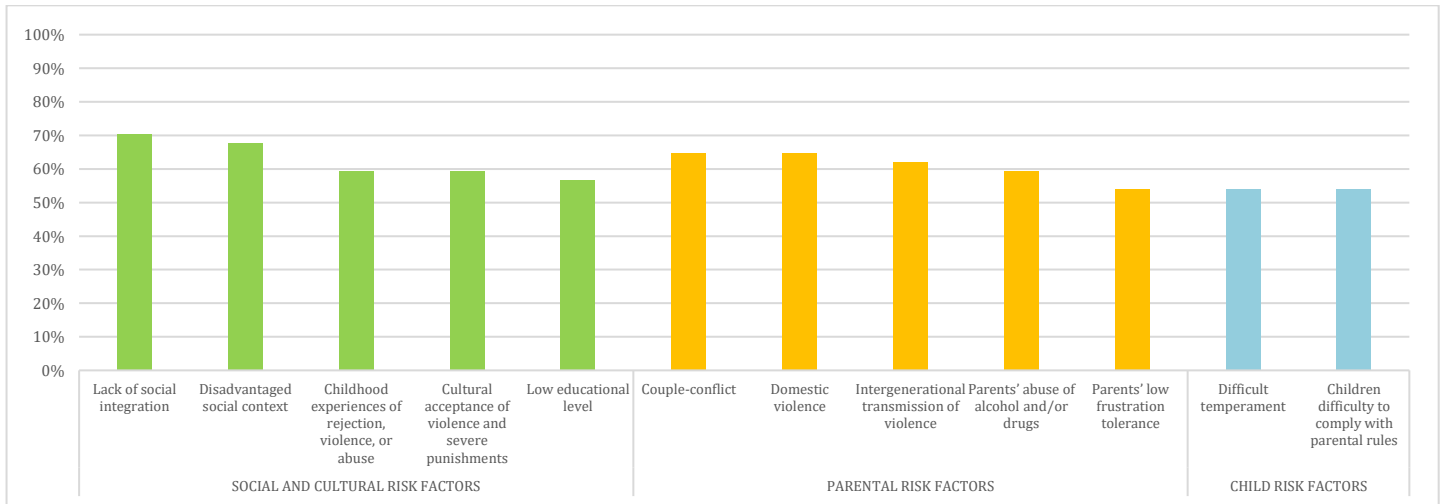


Figure 15. Kindergarten entry stage – risk factors

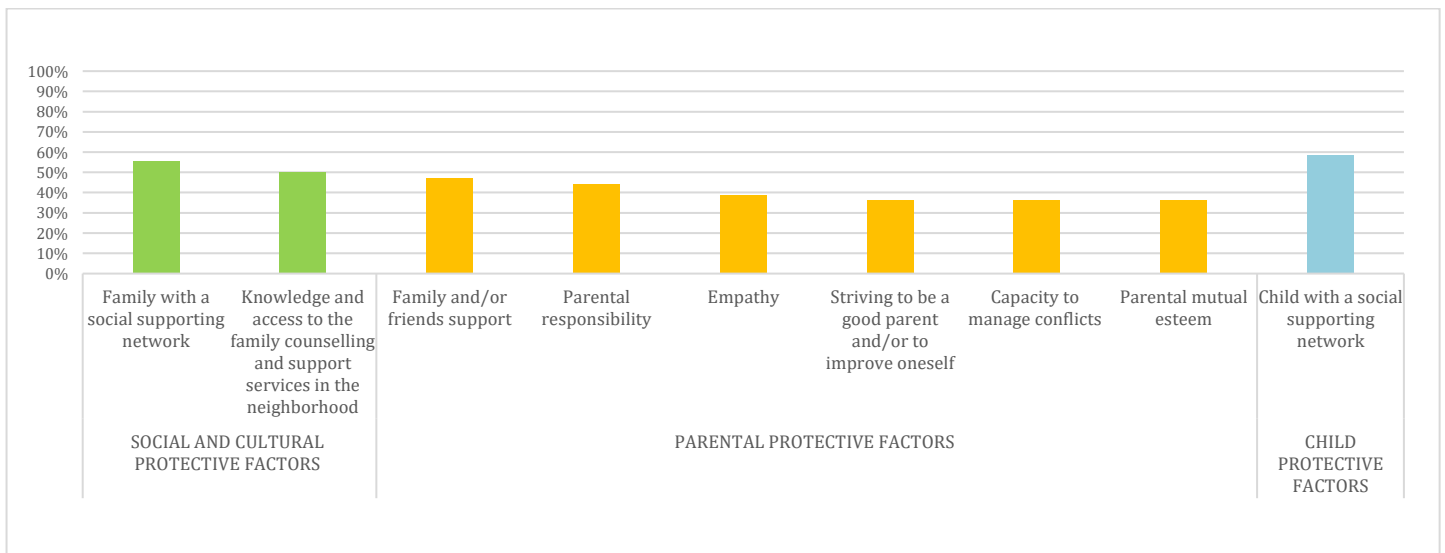


Figure 16. Kindergarten entry stage – protective factors

Again, the presence of social supporting network for both family and child and the access to family counseling and other supportive services play a fundamental role in the support of at risk families during the kindergarten entry stage. Furthermore, it is crucial in this stage where the parent-child attachment is still forming helping caregivers to encourage parental responsibility, building empathy in caregivers and parental mutual esteem and prompt their capacity to manage conflicts (Figure 15,16).

The Early dating Stage: risk and protective factors

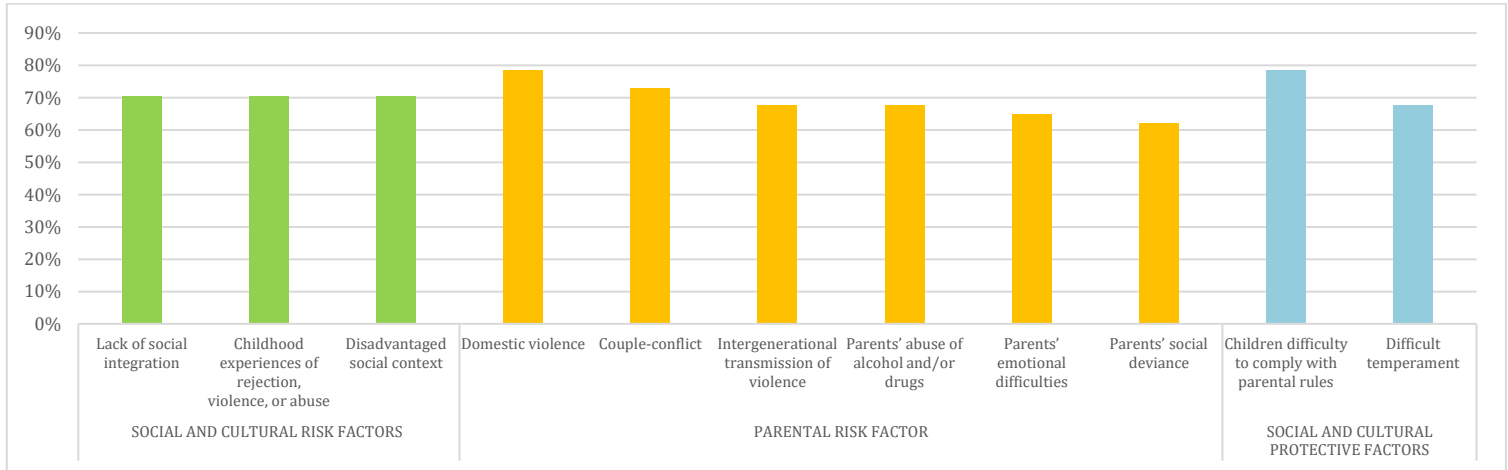


Figure 17. Early dating stage – risk factors

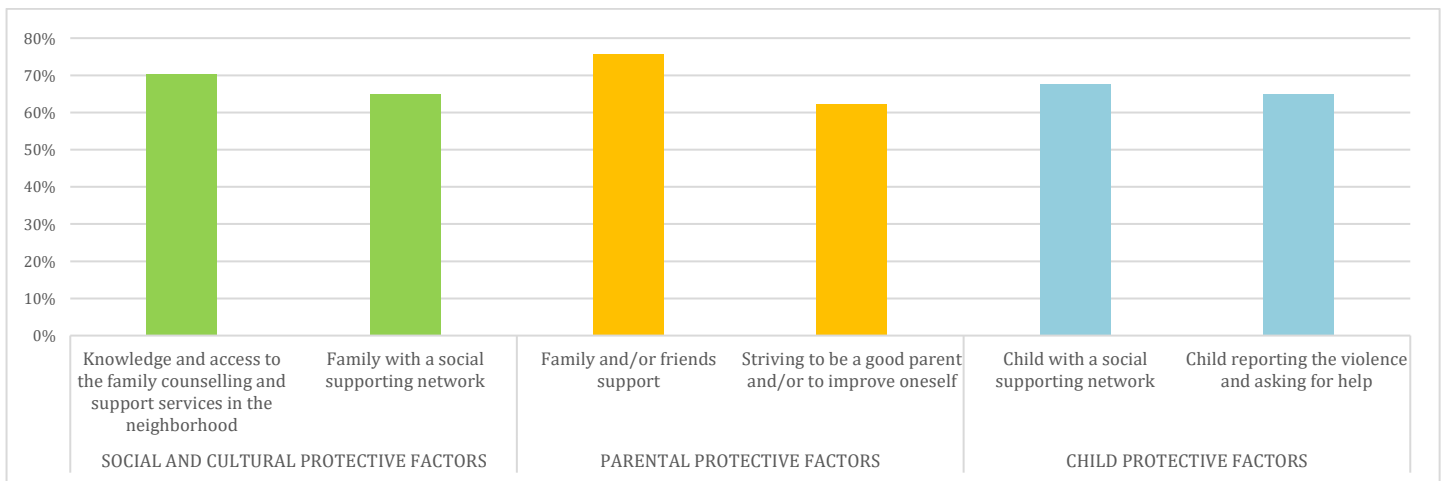


Figure 18. Early dating stage – protective factors

During the early dating stage, the risk factors increase in relevance. In particular, parental risk factors grow making the family environment more toxic and hard to be tolerated by adolescents, who show high levels of difficulty to comply with it and difficult temperaments. Furthermore the disadvantage nature of the context remain highly present, together with the low social integration and the prevalence of childhood experiences of rejection violence or abuse among caregivers (Figure 17). Therefore, even though the early dating cases are adolescents, working on caregivers emotional and social functioning and on their motivation to be good parents and/or to improve themselves appear still fundamental. Finally, strengthening the formal and informal social supporting network remains fundamental both for the parents and for the child (Figure 18).

Section C: Professionals' Learning Gaps

Nearly all professional categories collaborate with a multidisciplinary network they refer to when dealing with cases of ACEs. Only 30% of medical practitioners and 11% of teachers/provider of early care and education affirmed they don't collaborate with a multidisciplinary network for ACE cases referral.

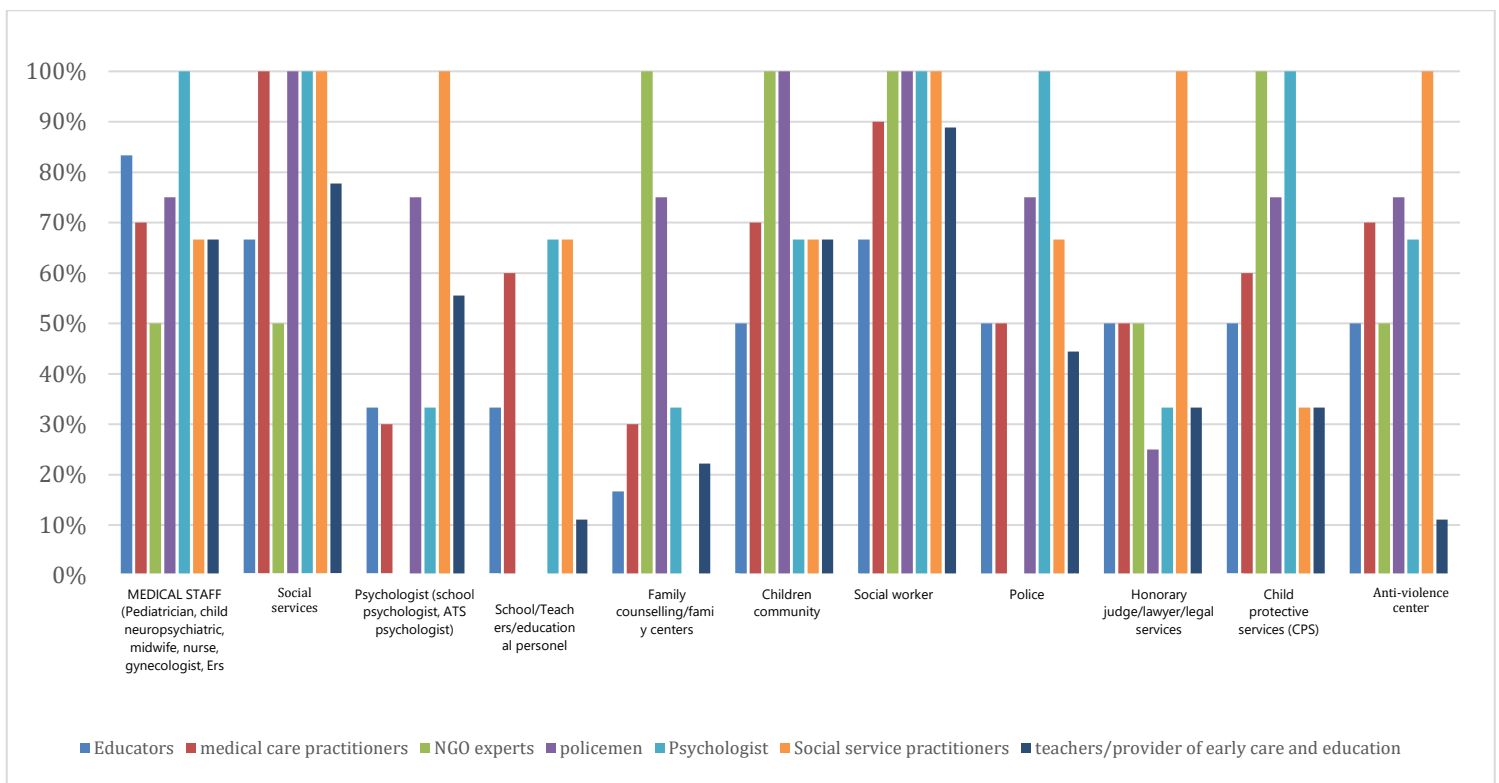


Figure 19. The main child protection actors in the professional referrals

In Italy, the referral process appears to be widespread among professional figures involved in the child protection network. In particular, **social service practitioners, psychologists and policemen** are the members of the network other professionals mainly refer to in cases of at risk cases. Moreover, family counseling, children communities, social workers and child protective services mainly refer to NGO experts. Finally, medical care practitioners are highly in contact with social services and social workers (Figure 19). Those results highlight the deep unbalance among the professionals considered for referral and, therefore, the **need to create a more integrated network of the child protection system**.

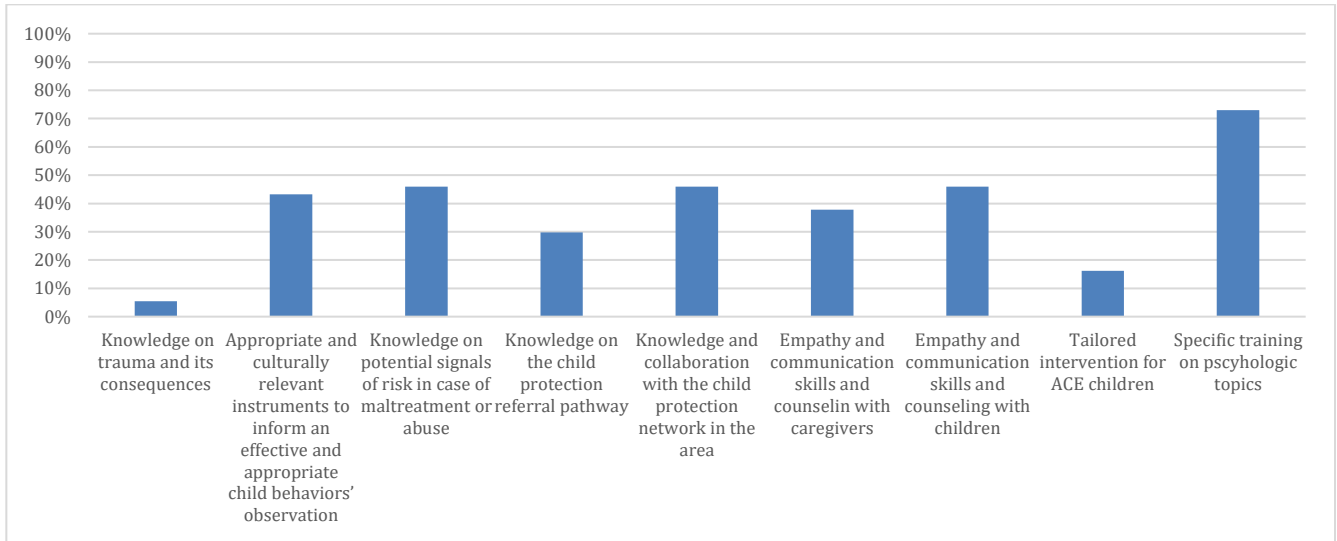


Figure 20. Main learning gaps in ACE

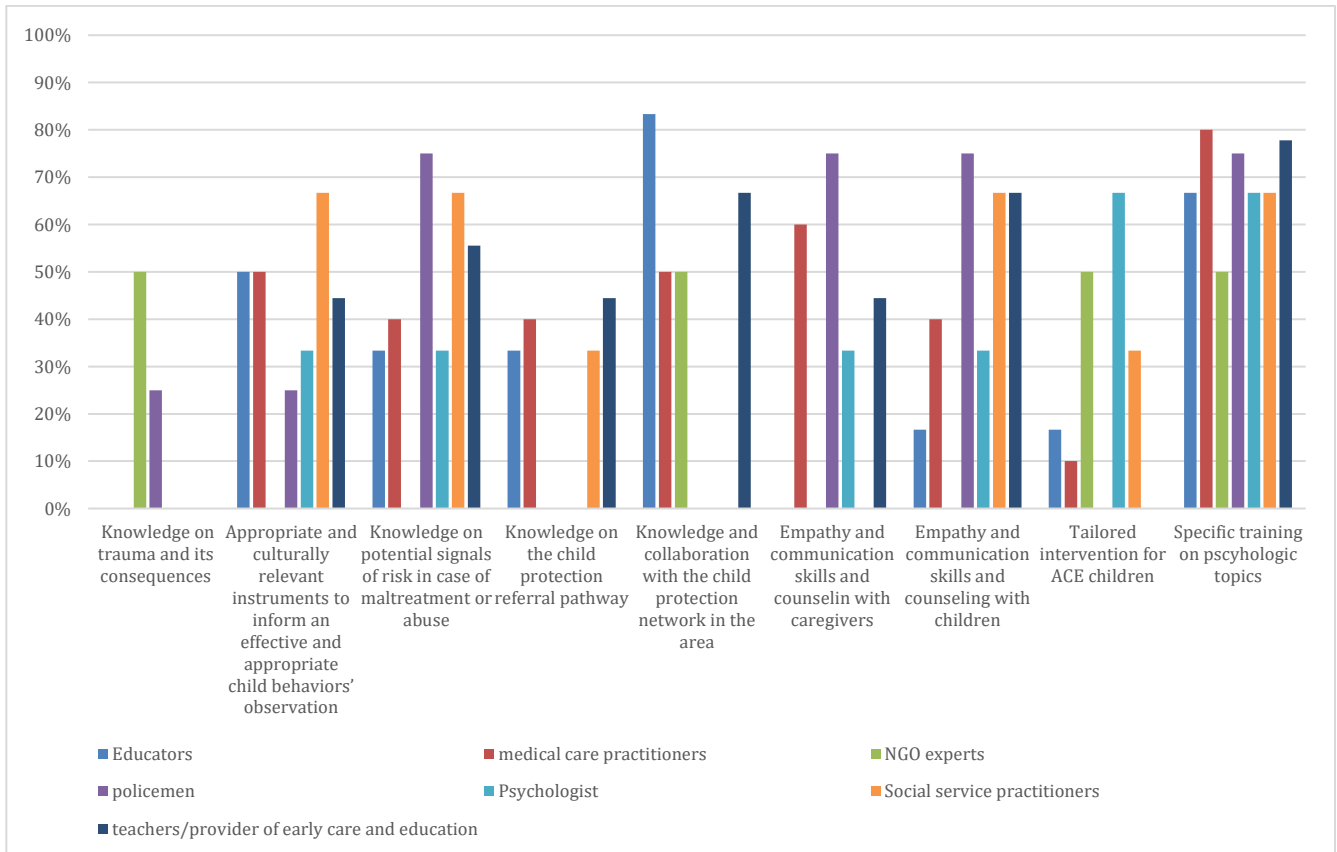


Figure 21. Main learning gaps in ACE – divided per professional category

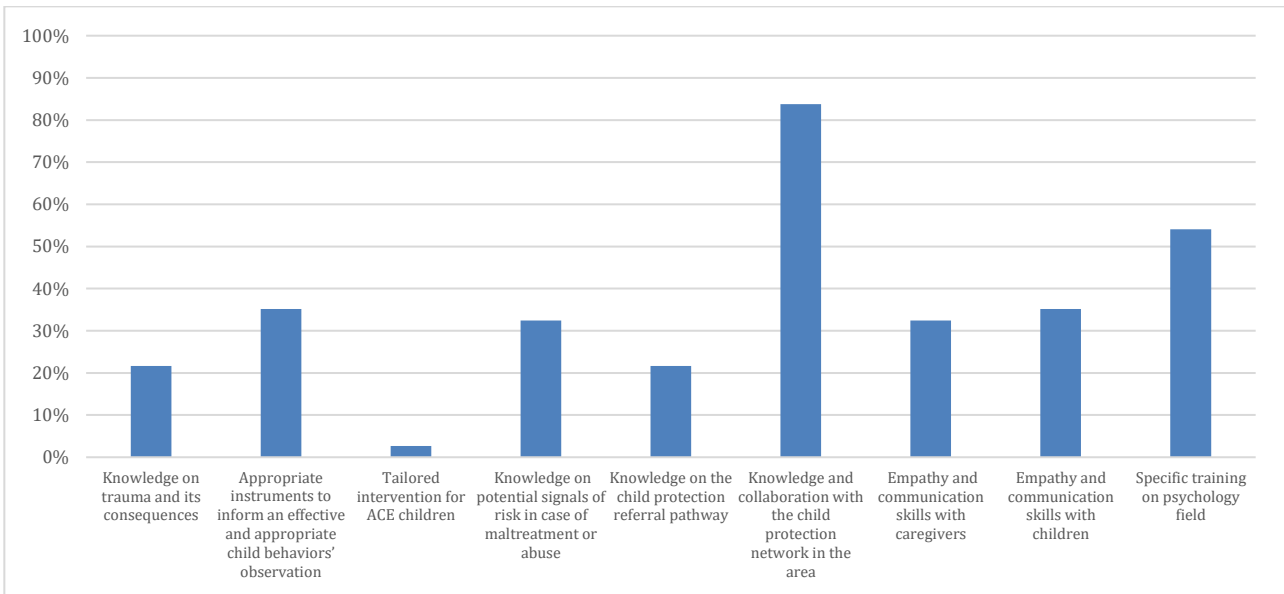


Figure 22. Main learning gaps in ACE detected in other professional categories

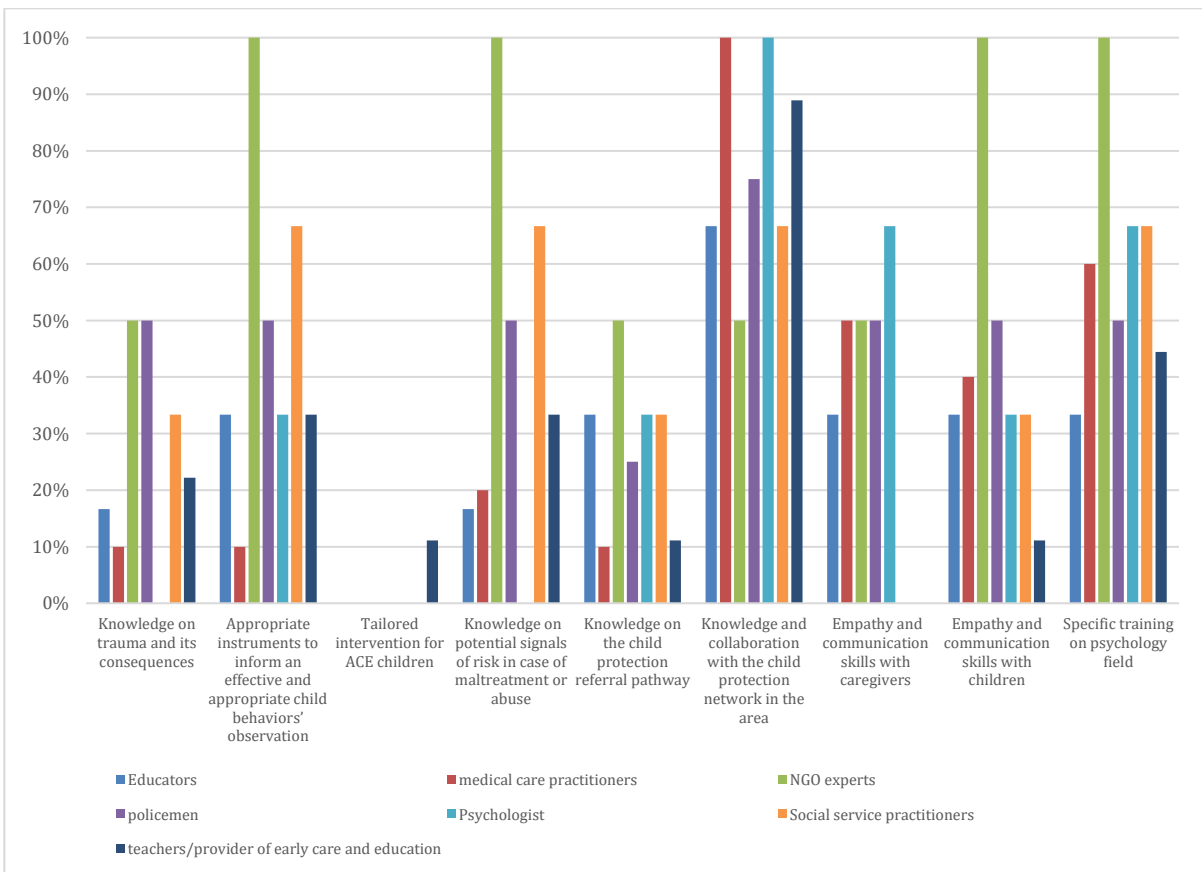


Figure 23. Main learning gaps in ACE detected in other professional categories – divided per professional category

The graphs (Figure 20,21,22,23) highlight the following points:

- The overall learning gaps of each professional category, when dealing with ACE cases, are the need of specific trainings on **psychological functioning of families exposed to ACEs, particularly on the potential signs of risk in case of maltreatment or abuse, empathy and communication skills with children and caregivers**. These appear to be the largest learning gaps among policemen. Moreover, interviewees introduced two more categories that are unique to Italian context: “**Appropriate and culturally relevant instrument to inform an effective and appropriate child behavior’s observation**” and “**Tailored intervention for ACE children**”. This suggests the need of acquiring specific culturally relevant tools that may help professionals to better perform in their work with foreign families and to acquire knowledge that may allow them to properly intervene with at-risk children and their caregivers.
- The crosscutting learning gap among other professional categories involved in the child protection systems is the lack of knowledge and collaboration with the local child protection network. PEALRS for children targets this need, through **strengthening a multidisciplinary group of child protection workers**. An interviewed teacher stated: “*I feel that I’m not part of a network and all my observations are lost*”. Likewise, a gynecologist affirmed: “*I notice a lack of network and collaboration with other professionals on cases; patient is often left alone and send to professionals that sometimes do not collaborate*”.
- Worth mentioning, NGO experts believe that there is a deep educational gap on psychology field among other child protection workers. In particular, they highlighted their need of acquiring appropriate instruments to inform an effective and appropriate child behaviors’ observation, of gaining more knowledge on potential signs of risk in case of maltreatment or abuse and on knowledge on trauma and its consequences and of developing empathy and communication skills when dealing with ACE children and caregivers.

Knowledge, Attitude and Practice (KAP) of child protection actors in Italy, Lithuania and Poland

Data Analysis Report

Lithuanian context: Knowledge, Attitude and Practice (KAP)
of professionals

Section A: Professionals' experience with children exposed to ACEs

General Information

Difficulties met by the child protection professionals in relating with caregivers
and children

Section B: Risk and protective factors for each developmental
milestones

The Perinatal Stage: risk and protective factors

The Postnatal Stage: risk and protective factors

The Kindergarten entry Stage: risk and protective factors

The Early dating Stage: risk and protective factors

Section C: Professionals' Learning Gaps

Lithuanian context: Knowledge, Attitude and Practice (KAP) of professionals

Section A: Professionals' experience with children exposed to ACE

General Information

Figure 1 reports the number of Lithuanian professionals involved in the data collection, divided by professional category.

Professional categories	Number of each professional categories (N)
Medical care practitioners	7
NGO experts	3
Policemen	7
Psychologist	2
Social service practitioners	10
Teachers/provider of early care and education	8

Figure 1. Number of Lithuanian professionals involved in the data collection

In particular, figure 2 highlights the percentage of interviewees involved in the data collection process, belonging to each professional category

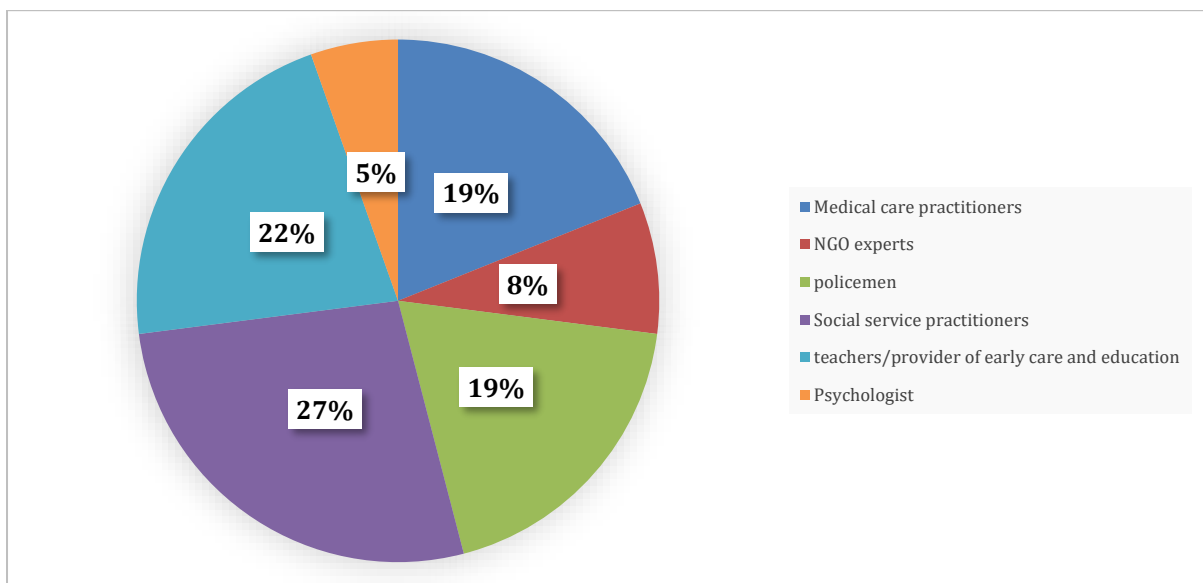


Figure 2. Percentage of professionals categories interviewed

Participants who have been interviewed have an overall average of 12,59 years of experience (Fig. 3).



Figure 3. Average of years of experience for each professional category

Figure 4 reports the percentage of interviewees in each professional category that has been in contact with ACE cases.

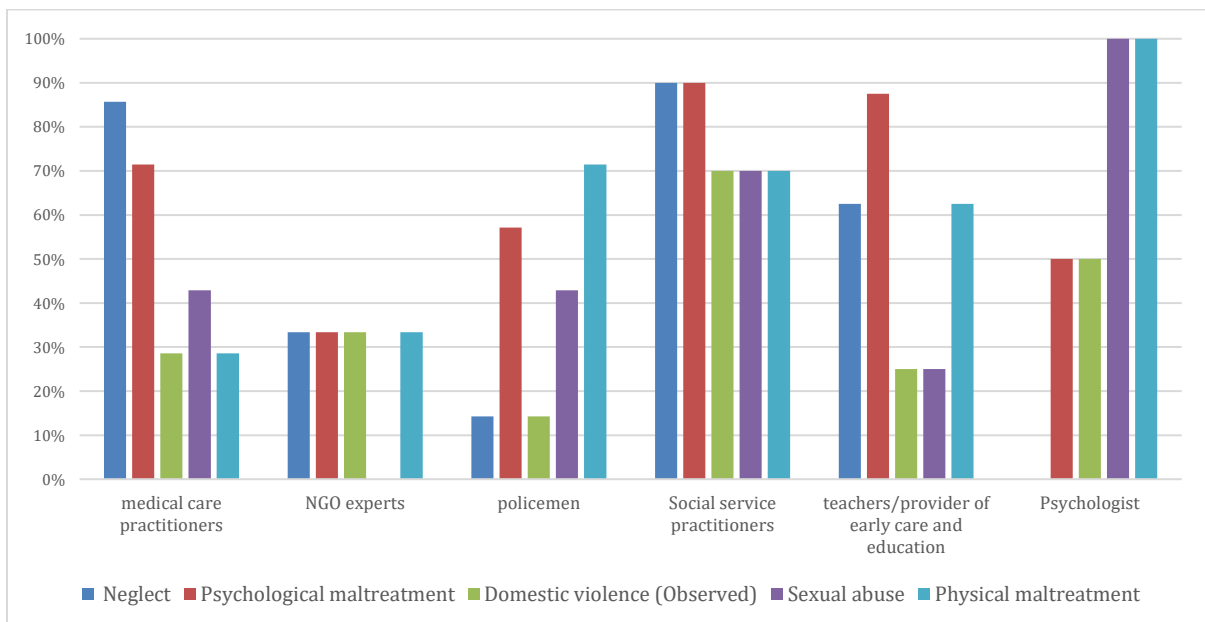


Figure 4. The main types of ACE (adverse childhood experience) met by each professional category

Each professional category reported different experience in dealing with cases exposed to ACE. Social service practitioners have high access to each type of ACE, while policemen and NGO experts reported fewer contacts. Domestic violence is the less indicated ACE, while psychological and physical maltreatment are the more frequently reported.

Difficulties met by the child protection professionals in relating with caregivers and children

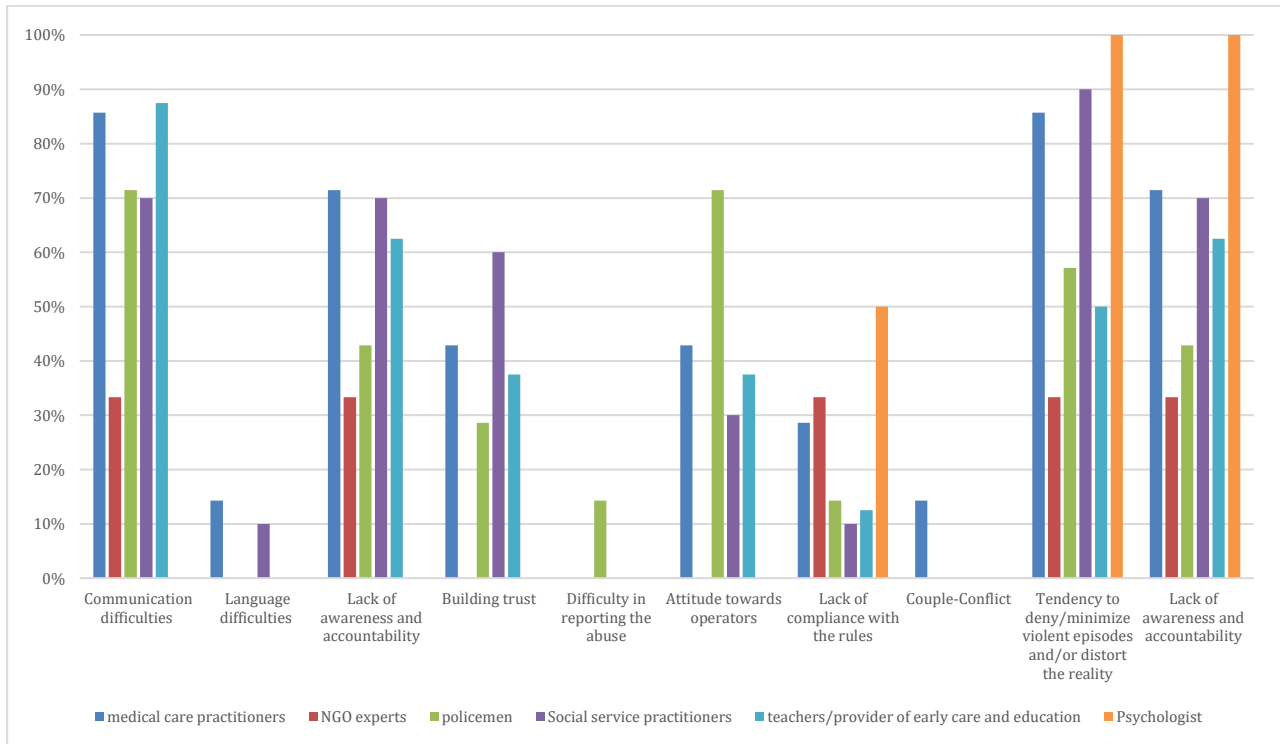


Figure 5. The main difficulties in the relationship with the caregivers

The three main difficulties reported by the interviewees when interacting with caregivers are the tendency to deny, minimize violent episodes and distort the reality, their lack of awareness and accountability and the communication difficulties they found in interacting with them (Figure 5).

Therefore, **one of the issue that needs to be addressed during the training is to illustrate and make meaning of parents' frequent intentional or unintentional neglect regarding the abuse, its consequences and impact on children and their responsibility on this regard. Why this happens? Why parents do not ask for help? How can professionals deal with this and create an alliance with the caregivers?**

According to the above findings, **another key issue to be discussed is raising professionals' awareness on how to communicate with caregivers to make them feel supported rather than judged.**

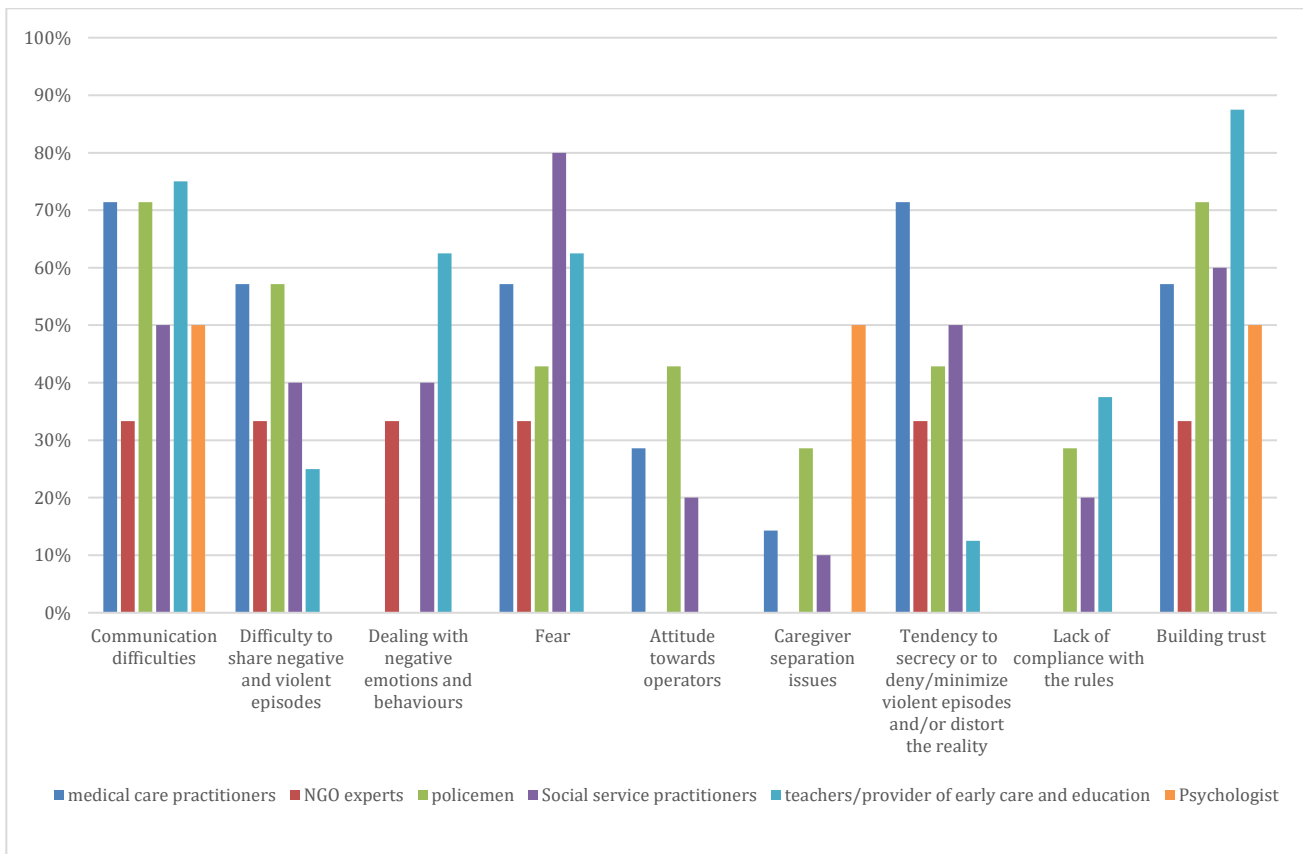


Figure 6. The main difficulties in the relationship with children exposed to ACE

Figure 6 highlights the child difficulties in building trust, due to the fear and the frequent tendency to secrecy, deny or minimize violent episodes and to distort the reality.

The findings also suggest that the need of explaining **why children tend to act in certain ways and how professionals can help them dealing with their fears, embrace their memories, and sharing their experiences without being shattered by it . This may help building trust and as the result the child could rely on professional's guilt free.**

Similarly, communication difficulties appear to be a relevant issue to be addressed, which highlights the professionals' need to be trained on **child friendly means of communications and strategies that may allow professionals to connect with clients exposed to ACE.**

Social service practitioners, teachers, policemen and medical care practitioners are the categories reporting more difficulties in relating with the child.

Section B: Risk and protective factors for each developmental milestones

The following graphs (Figure 7,8,9,10) represent the professionals access to each developmental millstone.

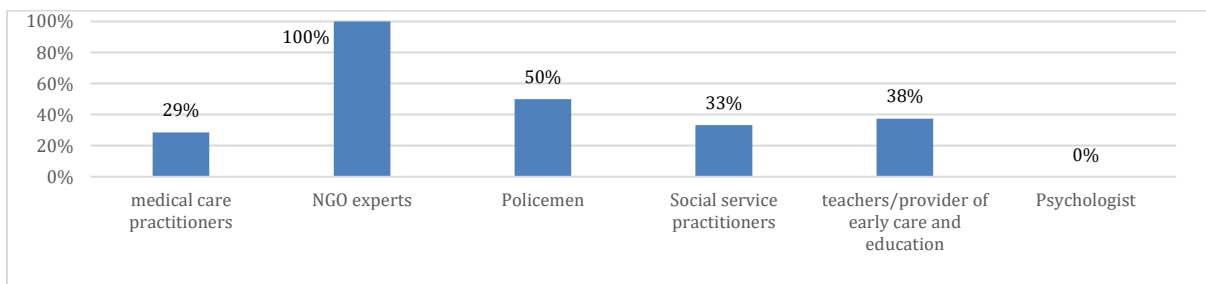


Figure 7. Access to Perinatal stage by professional category

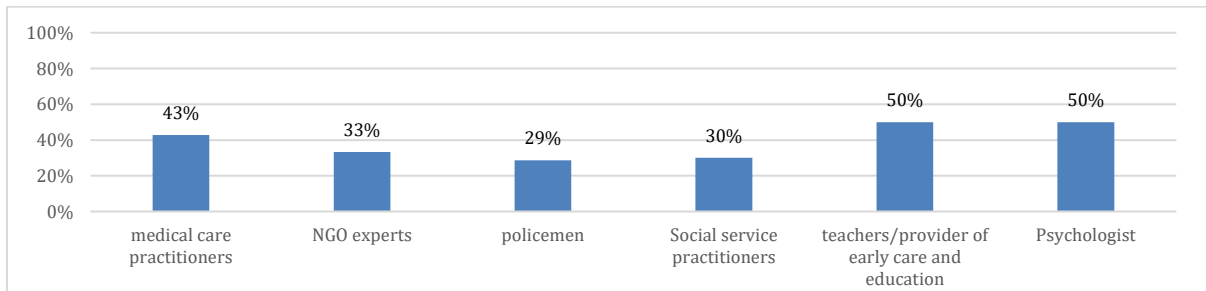


Figure 8. Access to Post-Natal stage by professional category

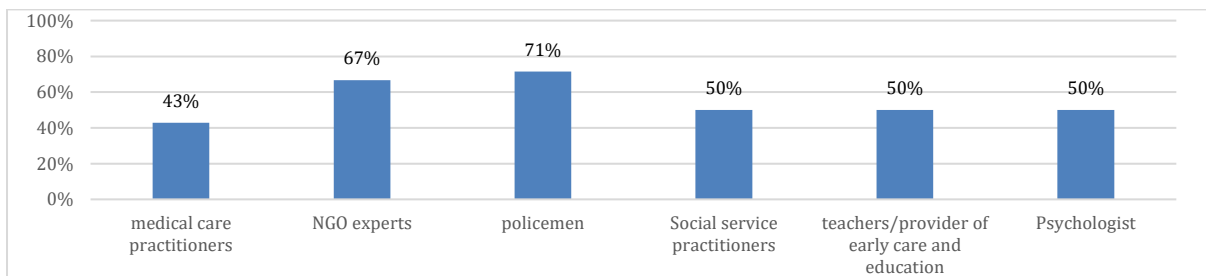


Figure 9. Access to Kindergarten stage by professional category

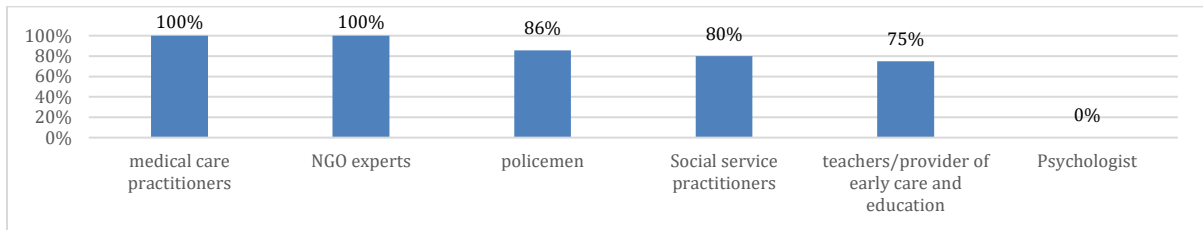


Figure 10. Access to Early dating stage by professional category

Early dating developmental milestone is the stage where most of the professional categories are involved (100% of the interviewed medical care practitioners and NGO experts; 86% of policemen; 80% of social service practitioners and 75% of teachers), except for psychologists, who reported no contact with early dating cases. In contrast, in the perinatal and post-natal stage professionals are less in contact with the target population, except for NGO experts, whose 100% reported to have contacts with mothers during the perinatal stage. Concerning kindergarten entry, the access for each professional category is around 50%.

The following graphs report the main risk and protective factors indicated by interviewees, related to each developmental milestone.

The Perinatal Stage: risk and protective factors

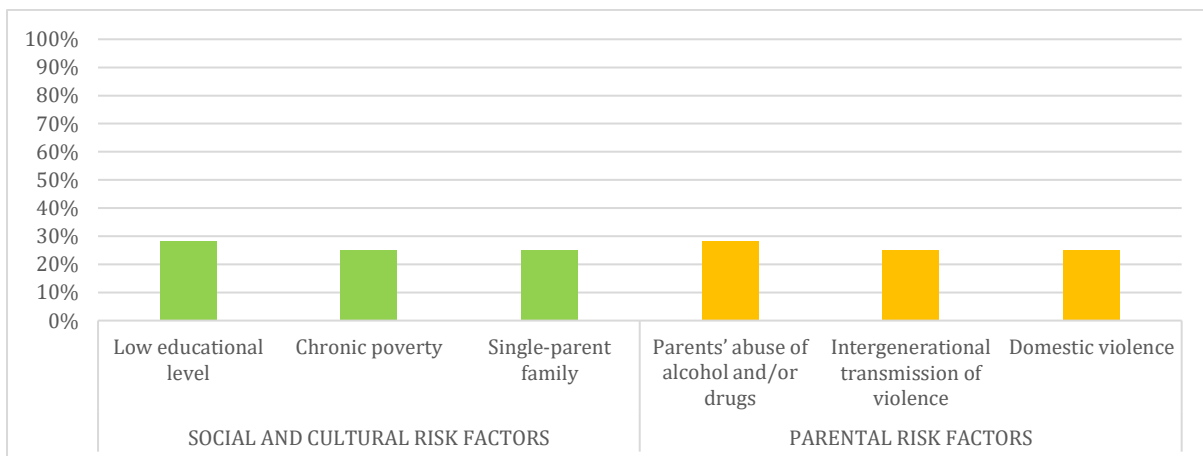


Figure 11. Perinatal stage – risk factors

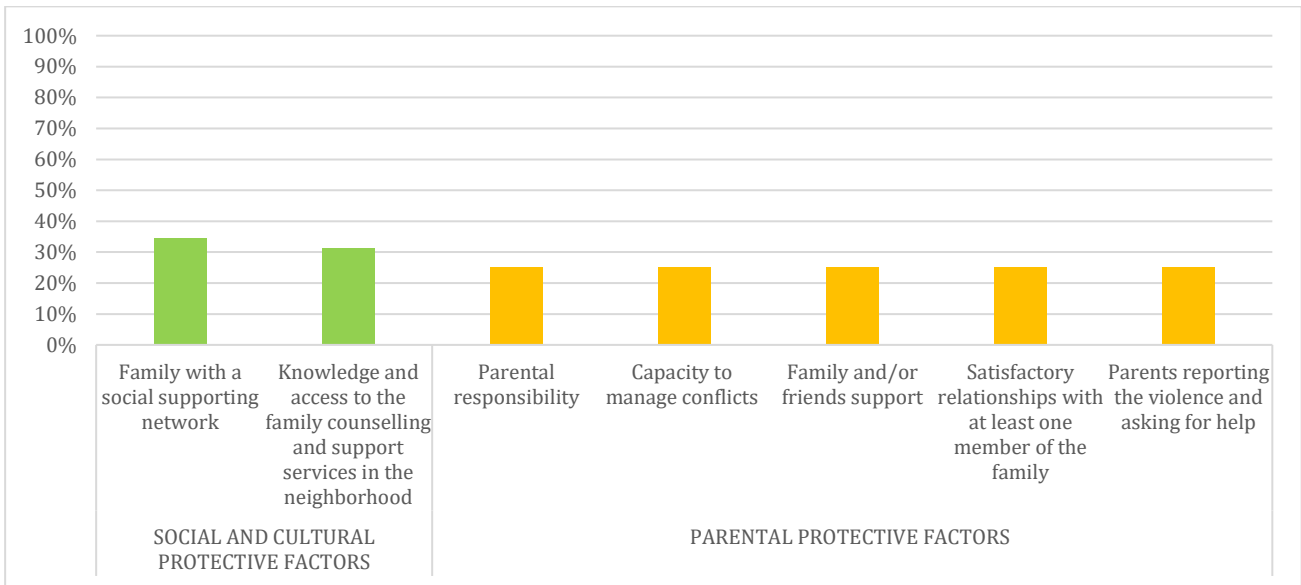


Figure 12. Perinatal stage – protective factors

Parents at risk during the perinatal stage, often belong to poor socio-economical contexts; they lack access to formal or informal supporting networks and often have been exposed to childhood traumatic experiences that may have compromised their emotional, relational and social functioning (Fig. 11). Building strong supporting networks inside the family, with friends and with services creates a fundamental protection for these parents. In particular, it is important to intercept at risk families from the early stages and help them relying on and building trust with services. Finally, strengthening the parents' ability to manage conflicts and enhancing their parental responsibility turns out to be crucial (Fig. 12).

The Postnatal Stage: risk and protective factors

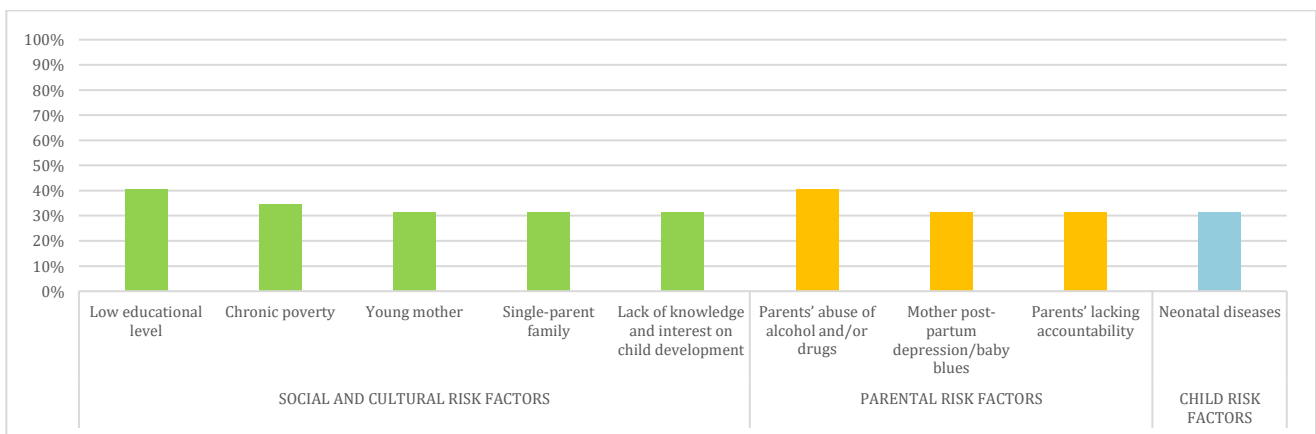


Figure 13. Post-natal stage – risk factors

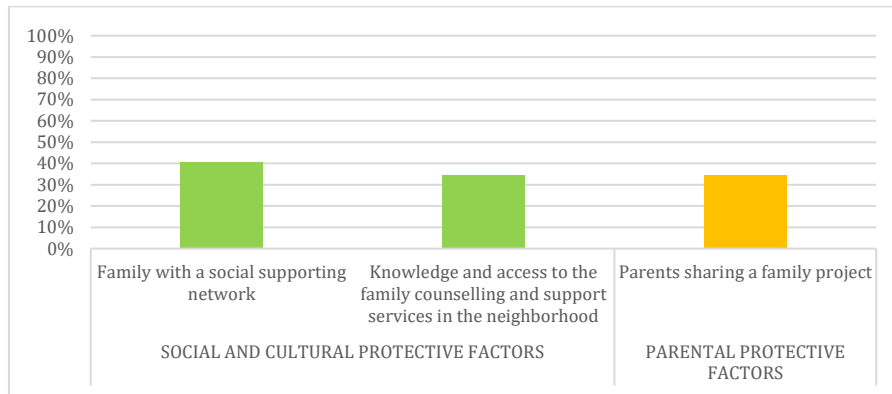


Figure 14. Post-natal stage – protective factors

In the **post-natal** developmental milestone, at-risk parents need to be accompanied in acknowledging their role as caregivers and participate in designing a family project. In Lithuania, there are often have young single-mothers coming from vulnerable contexts, lacking access to social supporting networks and struggling with the post-partum stage, especially in cases of neonatal diseases (Figure 13,14).

The Kindergarten entry Stage: risk and protective factors

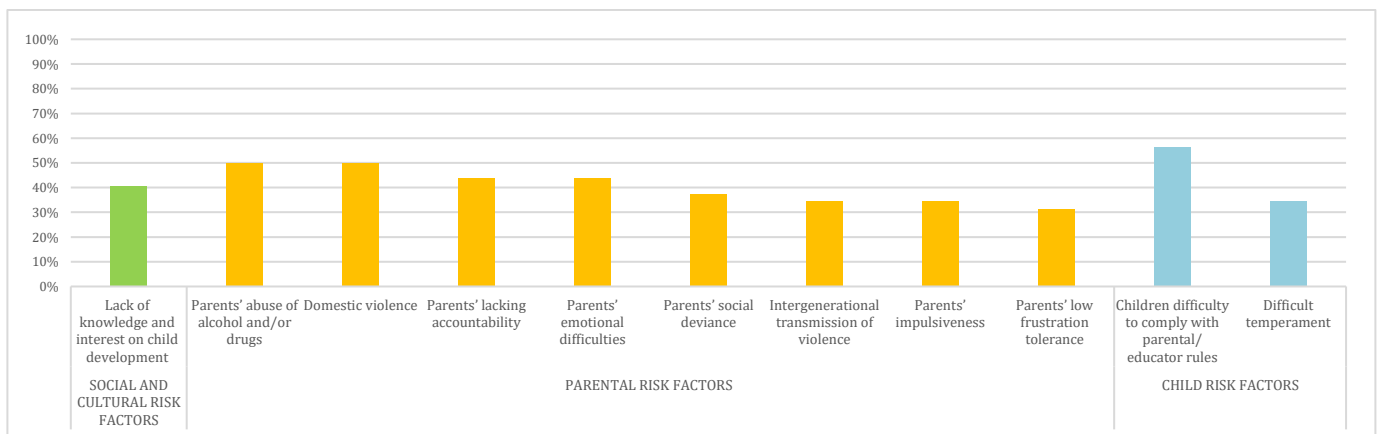


Figure 15. Kindergarten entry stage – risk factors

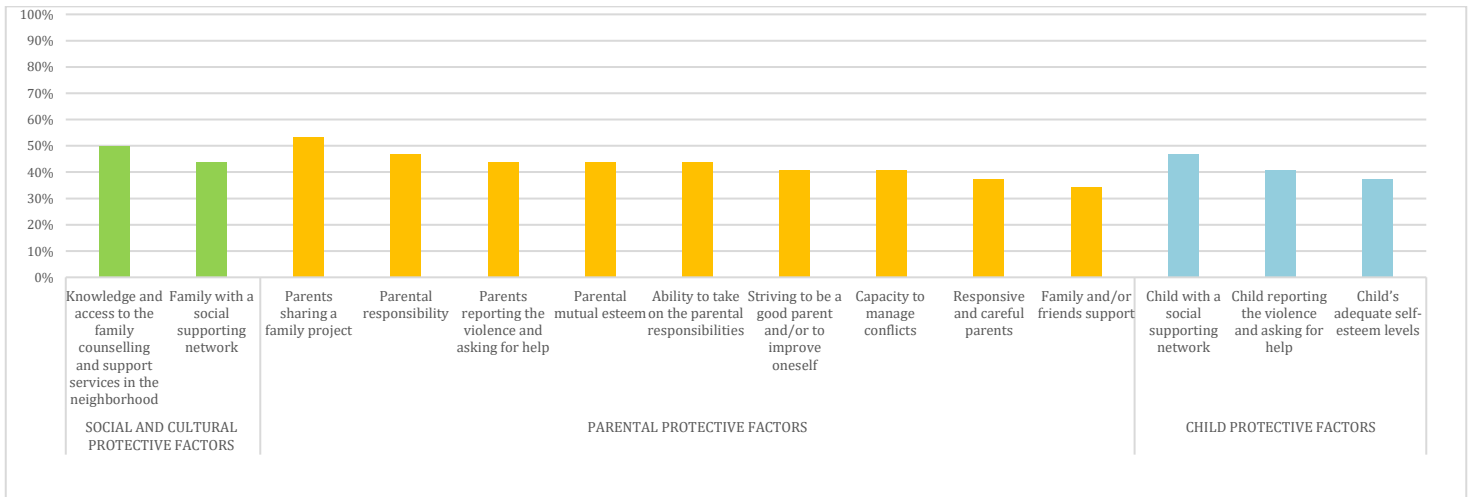


Figure 16. Kindergarten entry stage – protective factors

During the **kindergarten entry**, while distal social and cultural risks lose predominance, the parental risk factors get exacerbated: the ones related to the previous stages remain stable (domestic violence, abuse of alcohol and drugs, lack of accountability), while new problems related to parents' social, emotional and behavioral functioning significantly increase (Figure 15).

Building healthy trustful relationships for both parents and children remain of key importance. Furthermore, strengthening caregivers parenting skills, build parental mutual esteem and prompt their motivation to improve and become a responsive and careful parent. This is crucial in this stage where the most of parent-child attachment and bonding is forming. Finally, data suggests that strengthening child self-esteem during the kindergarten entry stage plays an important protective role (Figure 16).

The Early dating Stage: risk and protective factors

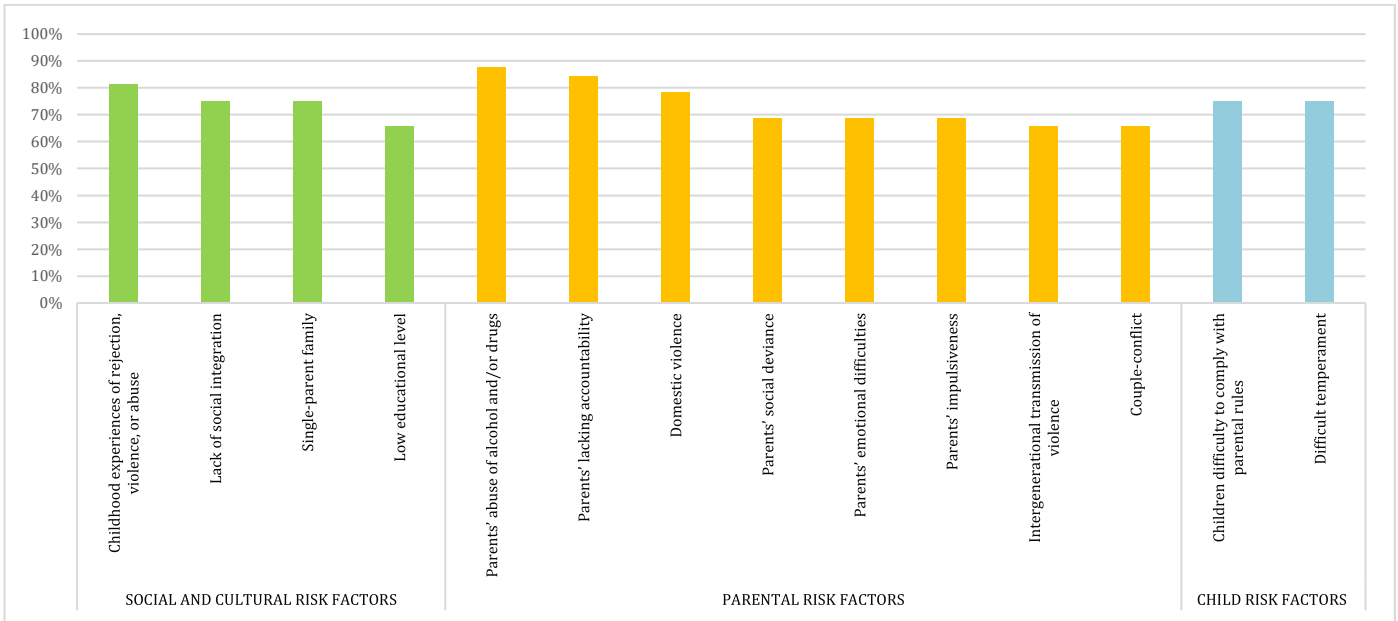


Figure 17. Early dating stage – risk factors

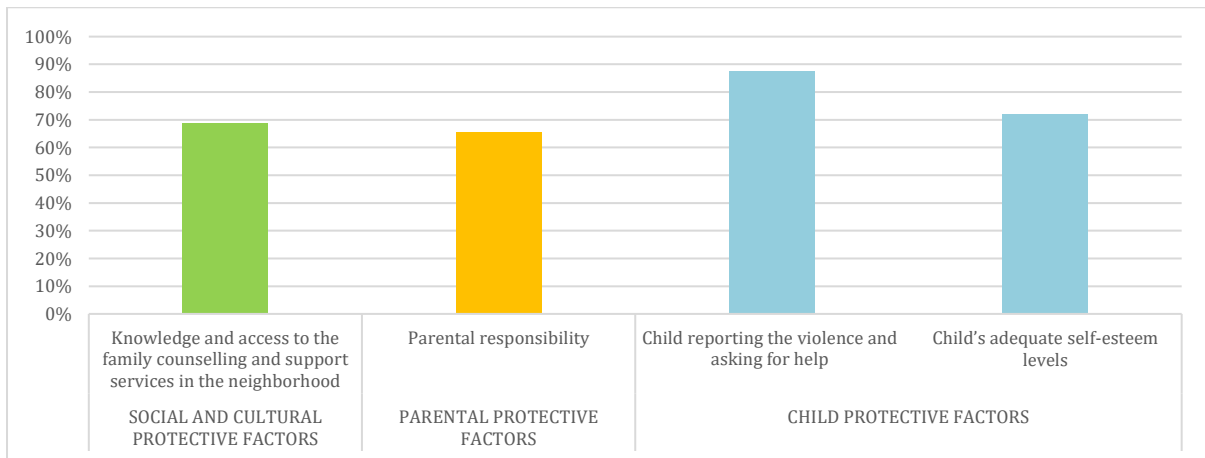


Figure 18. Early dating stage – protective factors

When children grow, the impact of social context gains back its predominance: in particular, lack of social integration and previous unsolved experiences of avoidance, violence and abuse appear pivotal risk factors. These factors, during the early dating stage, complement the parental risk factors that remain stable from the previous milestone (Figure 17). Regarding the protective factors, working with parents lose relevance, while strengthening child self-esteem, their ability to rely on healthy relationships and facilitating their access to social services become more essential, in Lithuanian setting (Figure 18).

Section C: Professionals' Learning Gaps

Nearly all professional categories collaborate with a multidisciplinary child protection network they refer to when dealing with cases exposed to ACEs. Only 37% of teachers, 29% affirmed of medical care practitioners and 10% of social service practitioners affirm they don't collaborate with a multidisciplinary network for professionals' referral, while 100% of psychologists, policemen and NGO experts refer the vulnerable cases to other professionals.

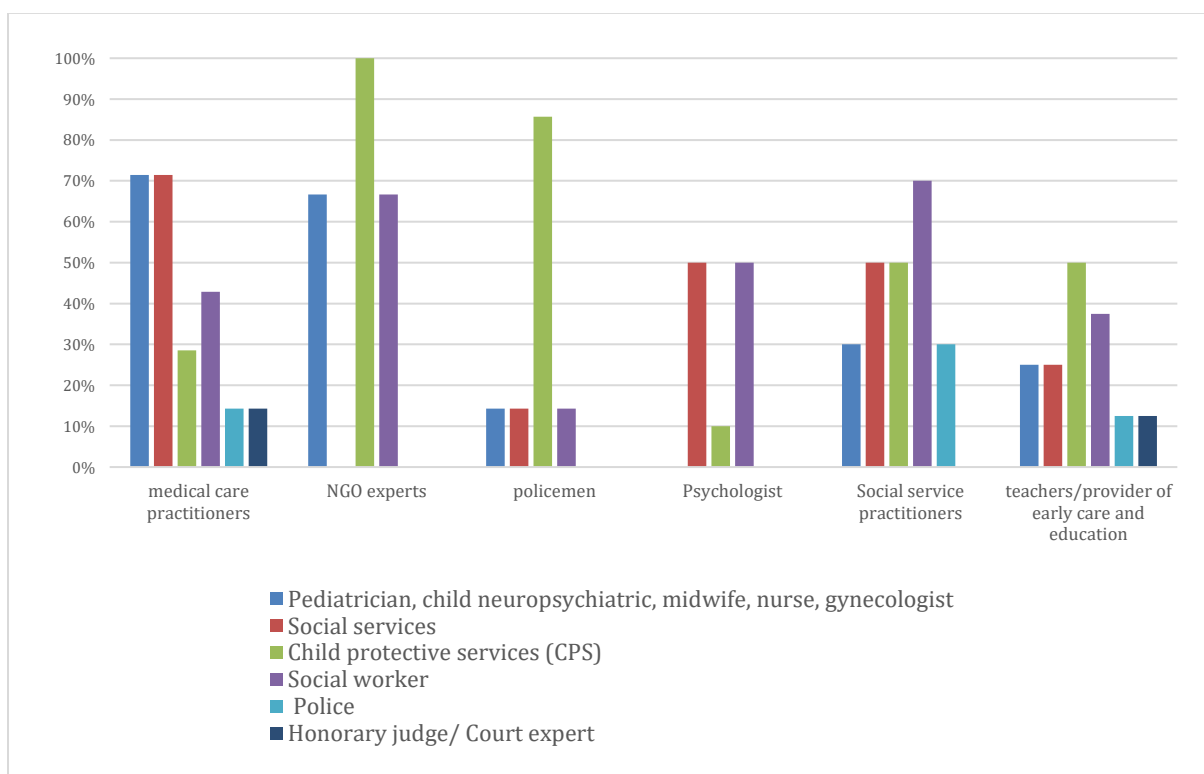


Figure 19. The main child protection actors in the professional referrals

In Lithuania **medical care practitioners** and **social service practitioners** and teachers are considered by all interviewees as the main categories of professional they refer to in cases of families exposed to ACEs. Instead, only child protective services, social workers and medical care practitioners refer cases to Ngo experts, while only child protective services refer cases to policemen (Figure 19). These results reflect the unbalanced and various levels of collaboration among professionals concerning referrals. For this reason, it's essential **to create a more integrated network for the child protection systems.**

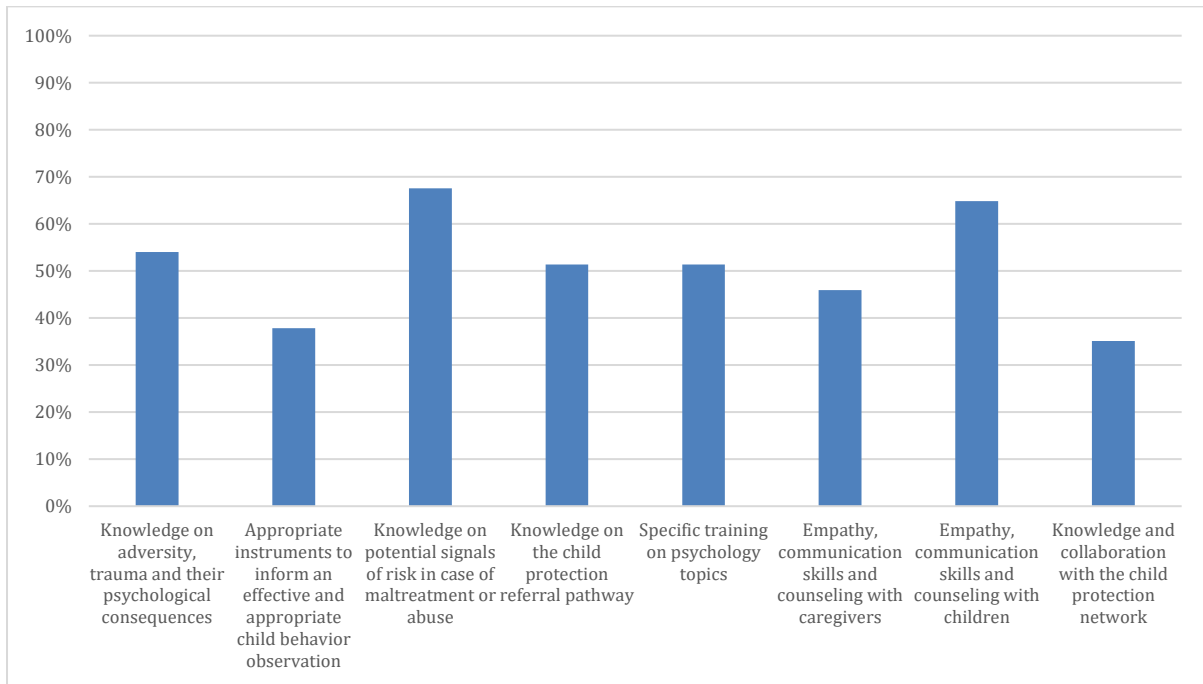


Figure 20. Main learning gaps in ACE

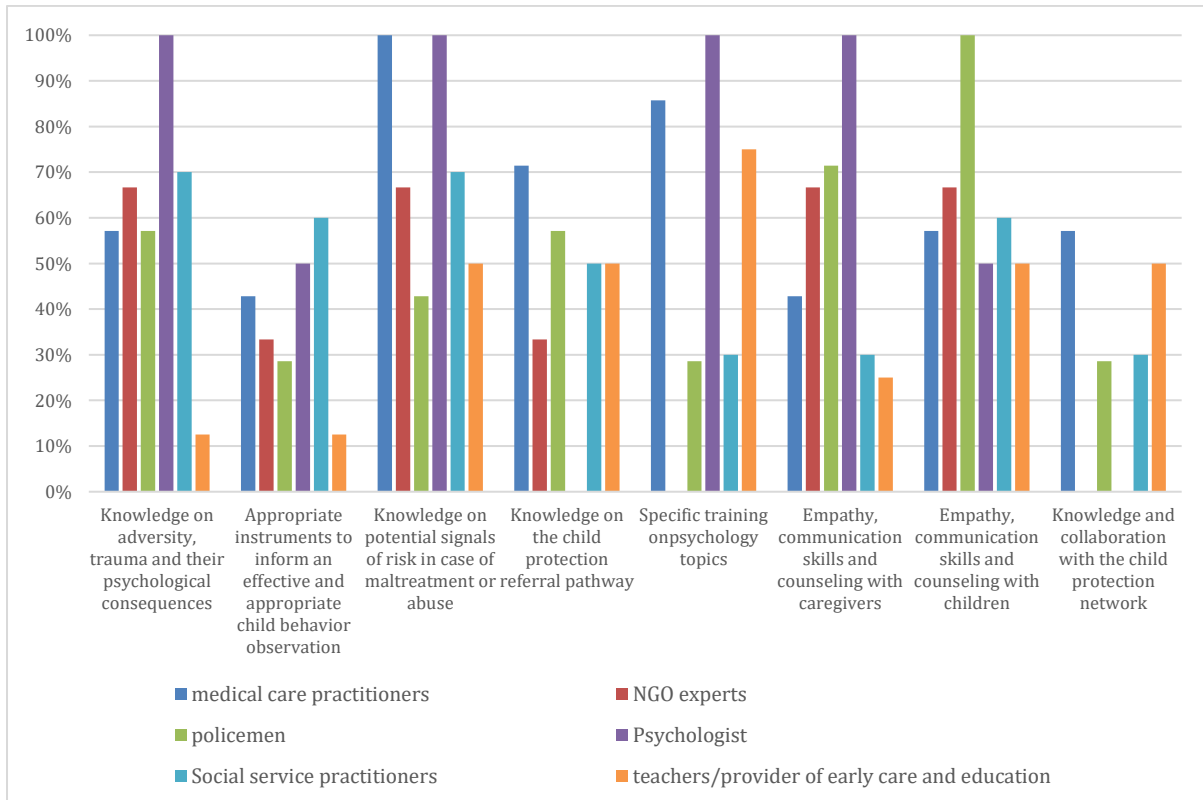


Figure 21. Main learning gaps in ACE – divided per professional category

Learning gaps are high among each professional category (Figure 20,21). In particular, more than 50 % of interviewees reported a lack of knowledge on potential indicators of risk in case of abuse and maltreatment, the need to deepen their knowledge on adversity, trauma and their psychological consequences and the lack of empathy, communication and counseling skills. Therefore, **in Lithuania, ways to observe** (indicators of risk), **understand** (knowledge on adversity, trauma and their psychological consequences) **and respond** (empathy and communication and counseling skills) **to the cases exposed to ACEs** will be a fundamental topic to be raised during the ToR training. In particular, interviewees highlighted the need for some specialists to **overcome the fear and discomfort while accompanying the children disclosure, to be aware of their attitude and avoid blaming instead of supporting, to be active in their role and increase their motivation in supporting vulnerable clients and to acquire knowledge on strategies for building a supporting relationship with children.**

Furthermore 51% of interviewees express the need to be trained on the psychological functioning of at risk children and to **gain knowledge on the protocols to be followed with children and families exposed to ACEs.** This last topic needs to be included in the cascade trainings professionals will deliver. Indeed, once professionals are informed on the steps they need to follow, they may feel more confident to assume acknowledge vital roles in the child protection network.

The learning gaps vary greatly per topic and professional category. Policemen, medical care practitioners and psychologists are the professional categories that reported higher levels of learning gaps. 100% of the psychologists interviewed show the need to increase their knowledge on trauma topics, on the potential indicators of risk in case of abuse and maltreatment, on empathy and communication and counseling skills to be employed with caregivers and, generally speaking, on psychology topics. Furthermore, 100 % of medical care practitioners show the need to learn more on the potential indicators of risk in case of abuse and maltreatment, while 100% of policemen indicate the need to be trained on empathy and child-friendly communication skills for building effective interactions with children and adolescents.

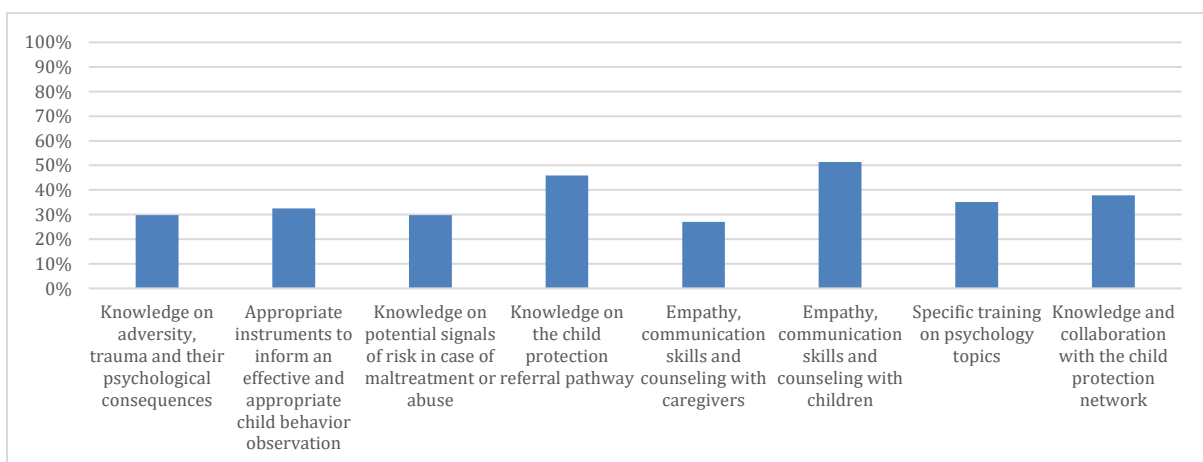


Figure 22. Main learning gaps in ACE detected in other professional categories

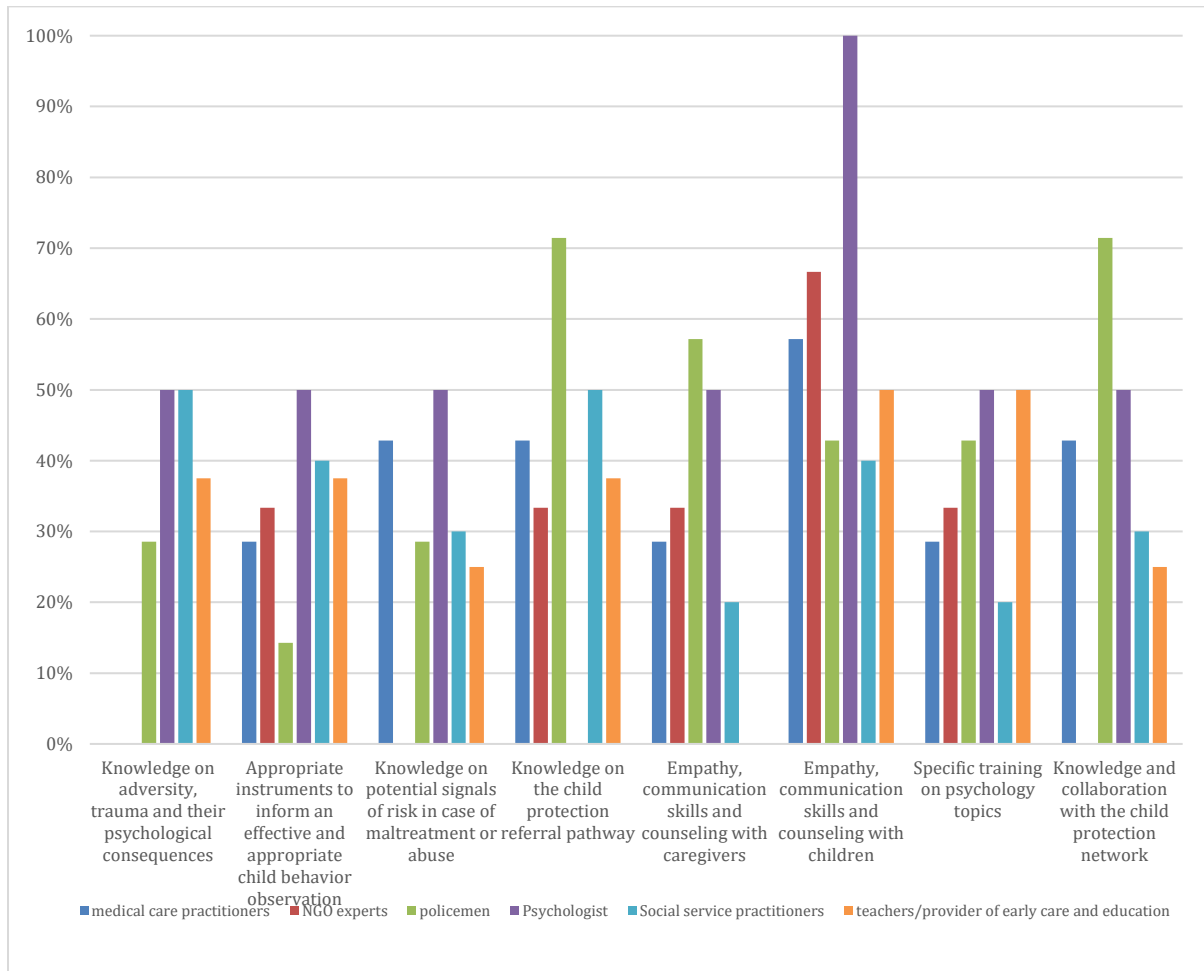


Figure 23. Main learning gaps in ACE detected in other professional categories – divided per professional category

The crosscutting learning gaps attributed to other professionals involved in the child protection network are empathy and child-friendly communication skills, which have been reported by more than 50 % of the interviewees.

Specifically, psychologists believe that the other members of the child protection network mainly lack empathy and child-friendly communication skills, while policemen believe they mainly lack knowledge on the specific protocols to be followed in the child protection allegation and they should increase collaboration between the child protection network professionals. and are the two main topics reported (Figure 22,23).

Knowledge, Attitude and Practice (KAP) of child protection actors in Italy, Lithuania and Poland

Data Analysis Report

Poland context: Knowledge, Attitude and Practice (KAP) of professionals

Section A: Professionals' experience with children exposed to ACEs

General Information

Difficulties met by the child protection professionals in relating with caregivers and children

Section B: Risk and protective factors for each developmental milestones

The Perinatal Stage: risk and protective factors

The Postnatal Stage: risk and protective factors

The Kindergarten entry Stage: risk and protective factors

The Early dating Stage: risk and protective factors

Section C: Professionals' Learning Gaps

Poland context: Knowledge, Attitude and Practice (KAP) of professionals

Section A: Professionals' experience with children exposed to ACEs.

General Information

Figure 1 reports the number of professionals involved in the data collection, divided by professional category.

Professional categories	Number of each professional categories (N)
Educators	2
Medical care practitioners	9
NGO experts	6
Policemen	4
Social service practitioners	6
Teachers/provider of early care and education	9

Figure 1. Number of Italian professionals involved in the data collection

In particular, figure 2 highlights the percentage of interviewees in each professional category involved in the data collection process.

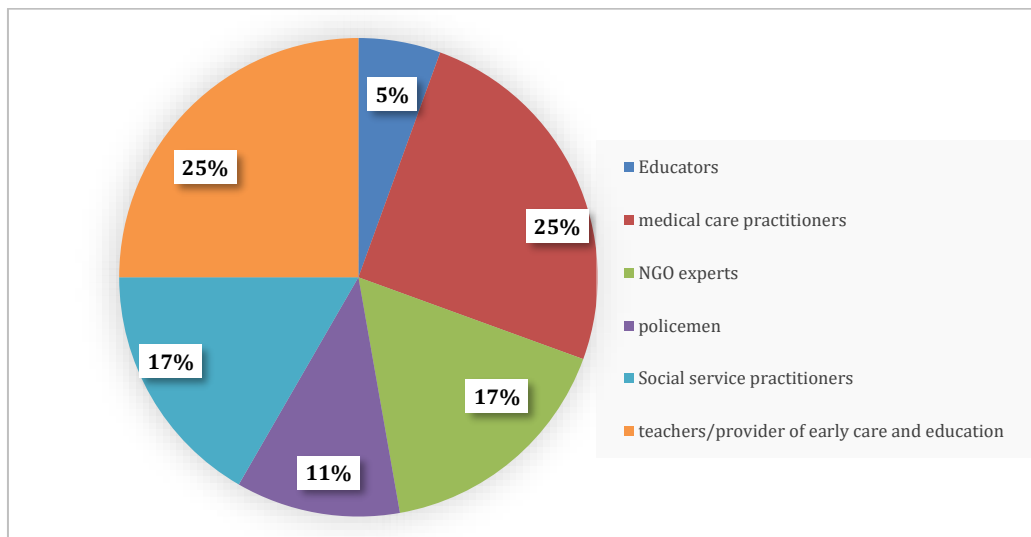


Figure 2. Percentage of professionals categories interviewed

Participants who have been interviewed have an overall average of 16 years of experience (Figure 3).

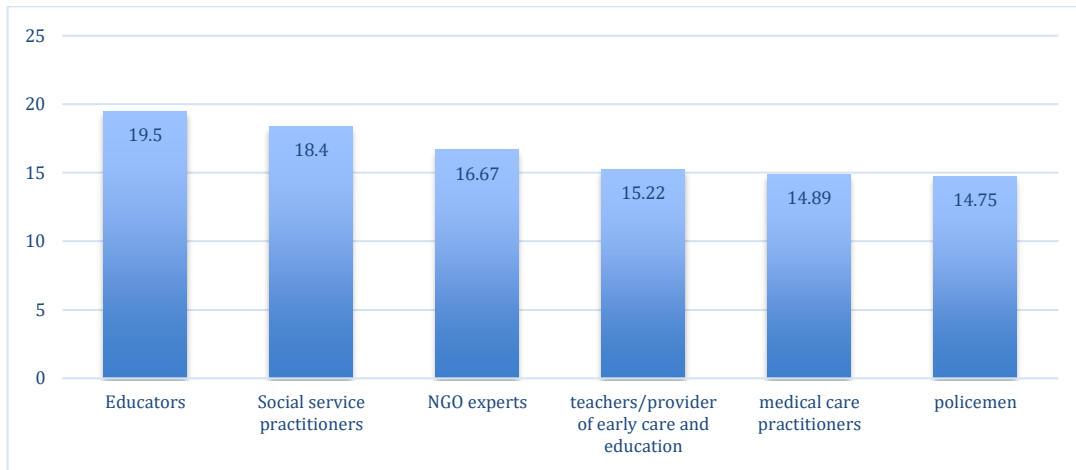


Figure 3. Average of years of experience for each professional category

Figure 4 reports the percentage of interviewees in each professional category that has been in contact with each type of ACE.

Medical care practitioners, NGO experts and policemen have been in contact with cases reporting each ACE considered. In particular, policemen are the professional category more in contact with cases exposed to ACEs.

Neglect, Physical maltreatment and Psychological maltreatment are the most reported ACE. Sexual abuse appears to be the less reported ACE.

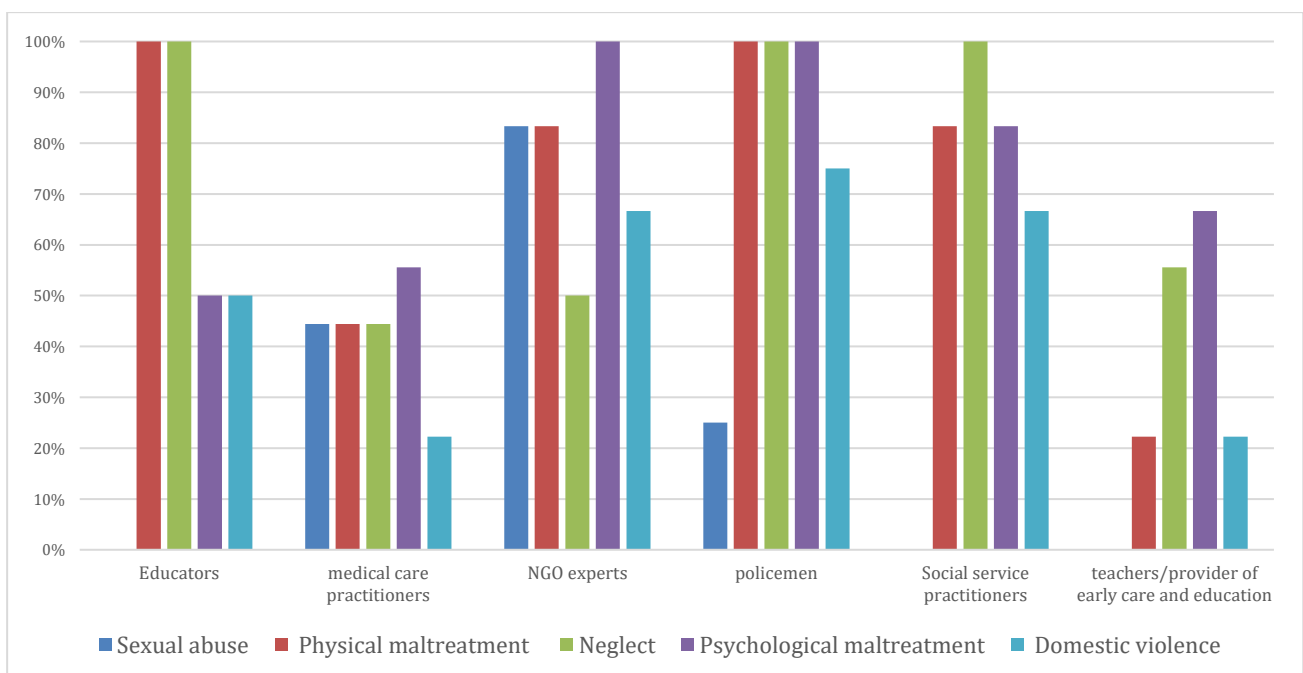


Figure 4. The main types of ACE (adverse childhood experience) met by each professional category

Difficulties met by the child protection professionals in relating with caregivers and children

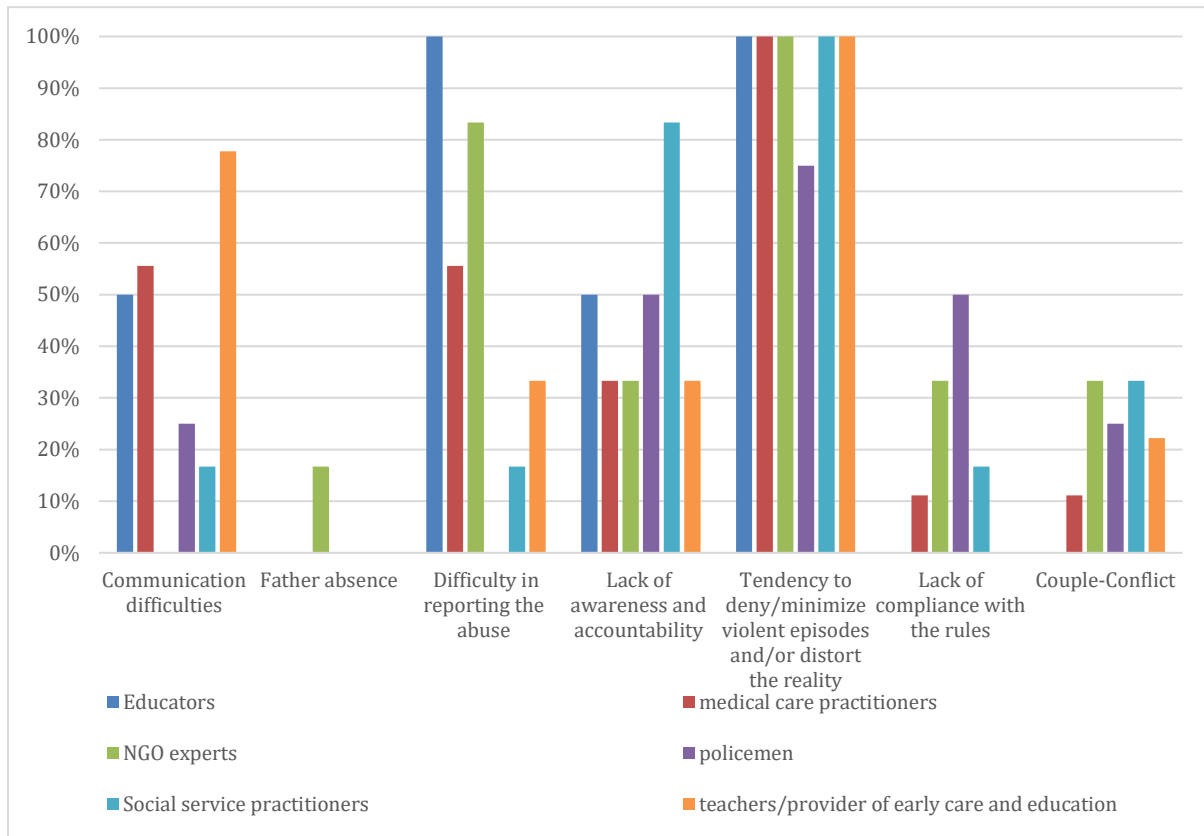


Figure 5. The main difficulties in the relationship with the caregivers

The three main difficulties reported by interviewees in the relationship with the caregivers are the tendency to deny or minimize violent episodes and to distort the reality, their lack of awareness and accountability and the difficulty in reporting the abuse (Figure 5).

Hence, illustrating and understanding parents' neglect regarding abuse, its impact and awareness of their responsibility of their harmful act on children. Why this happens? Why parents do not ask for help? How can professionals deal with this and create an alliance with the caregivers?

Another important topic is **how to build an effective communication with caregivers that may allow them not to feel judged but rather to engage in the supporting process.**

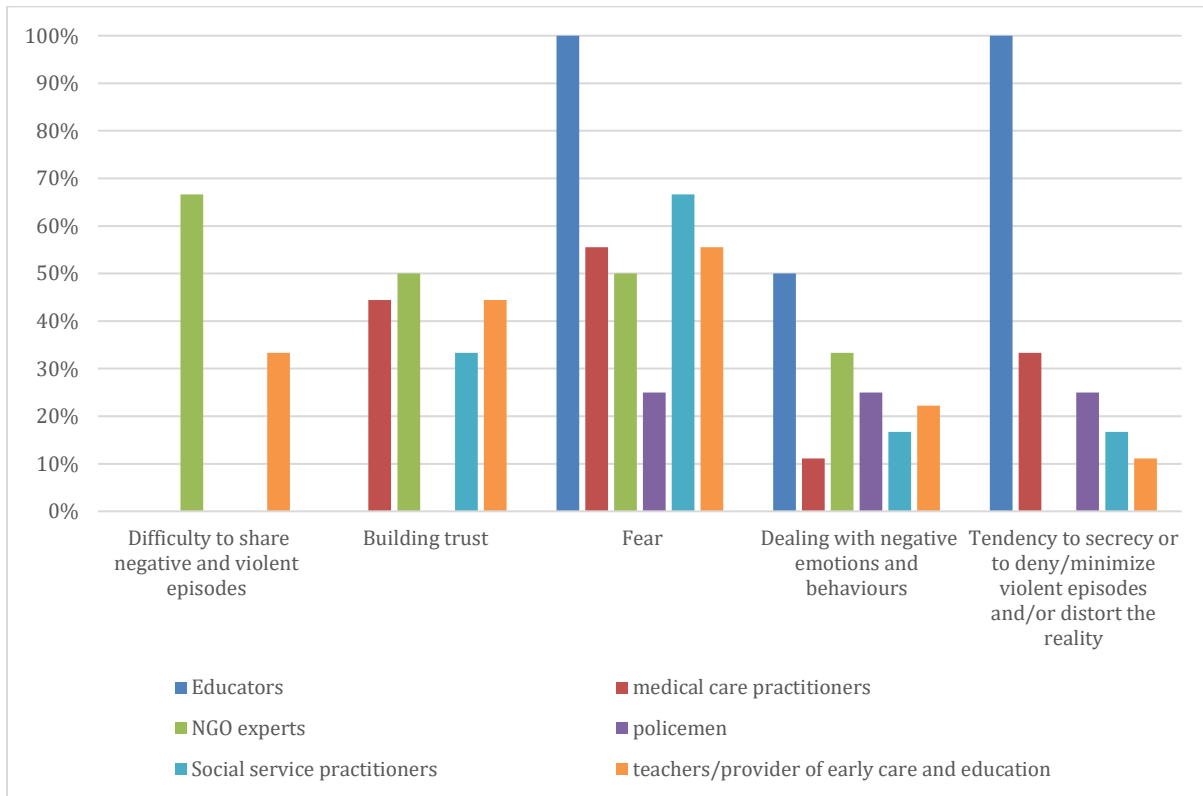


Figure 6. The main difficulties in the relationship with the children

Figure 6 highlights the child difficulties in reporting the abuse, due to the fear and the frequent tendency to secrecy, deny or minimize violent episodes and to distort the reality.

Another relevant topic to be raised in the training is **explaining why children tend to act in certain ways and how professionals can help them dealing with their fears, getting in contact with their memories without being shattered by it and relying on professionals without having a sense of guilt or shame.**

Section B: Risk and protective factors for each developmental milestones

The following graphs (Figure 7,8,9,10) report the percentage of interviewees in each professional category that has been in contact with each developmental milestone.

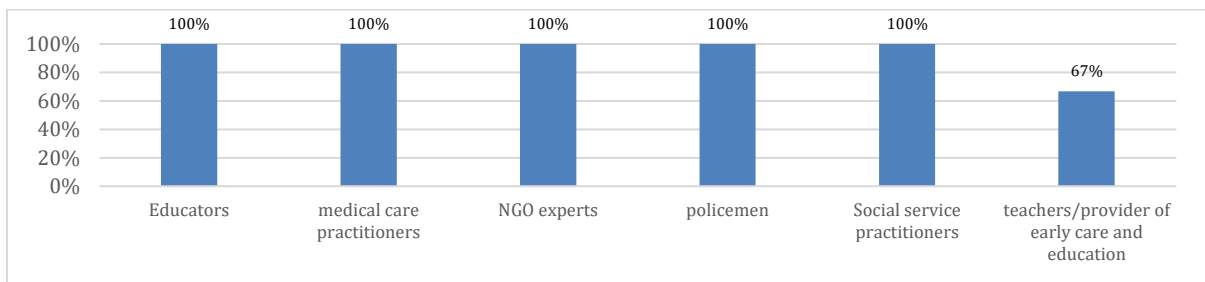


Figure 7. Access to Perinatal stage by professionals

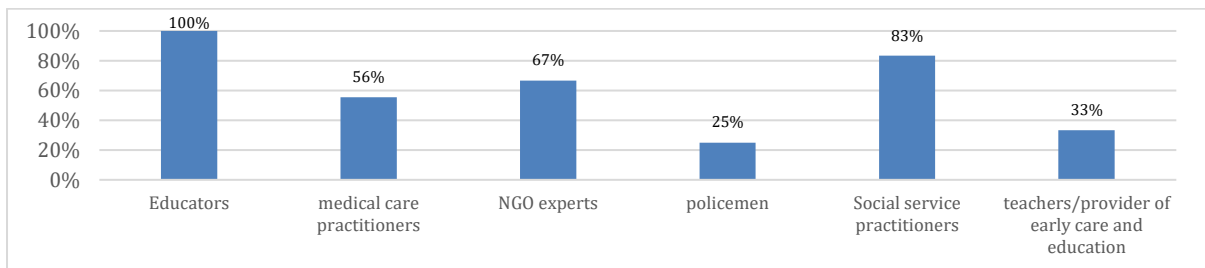


Figure 8. Access to Post-natal stage by professionals

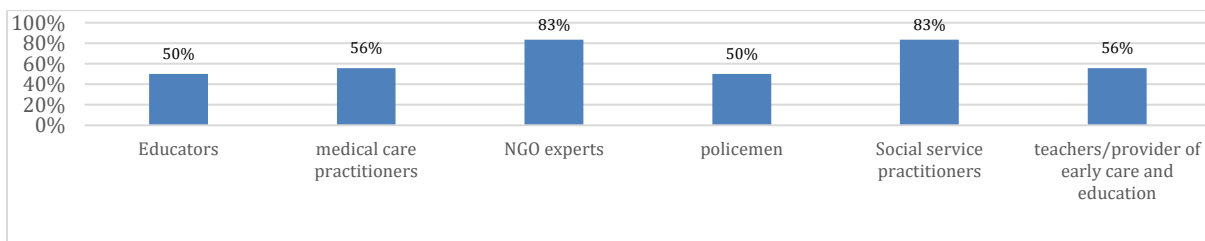


Figure 9. Access to Kindergarten stage by professionals

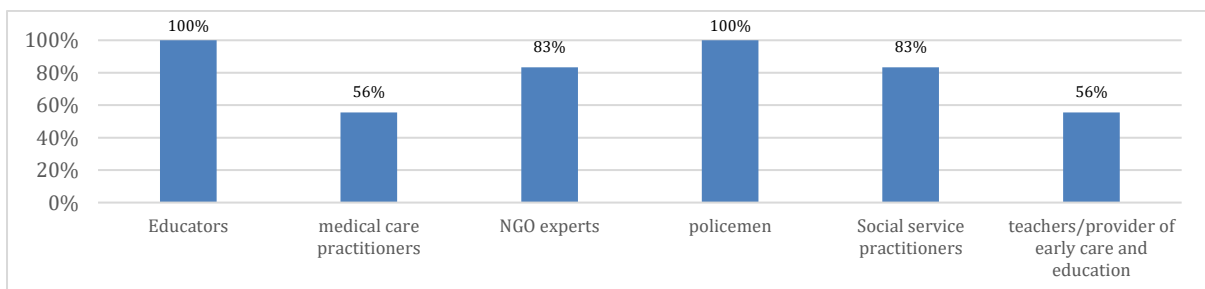


Figure 10. Access to Early dating stage by professionals

Perinatal developmental milestone is the stage where most of the professional categories are involved (100% of the interviewed educators, medical care practitioners, NGO experts, policeman and social service practitioners; 67% of teachers and providers of early care education). This is an important information, as it highlights the possibility of intercepting at risk parents before the delivery of the child and, thus, preventing eventual future abuse.

Moreover, the majority of the professional are involved in the early dating developmental milestone, too (100% of the interviewed educators and policemen, 83% NGO experts and social service practitioners, and 56% of medical care practitioners and teachers). Regarding kindergarten entry the access for each professional category is around 50%, except for NGO experts and social service practitioners who are around 80%. Finally, compared to the other stages, it is notable the little involvement of policemen in the post-natal stage (25%), while educators (100%) and social service practitioners (83%) appears to be highly involved.

The following graphs reported the main risk and protective factors indicated by interviewees, related to each developmental milestone.

The Perinatal Stage: risk and protective factors

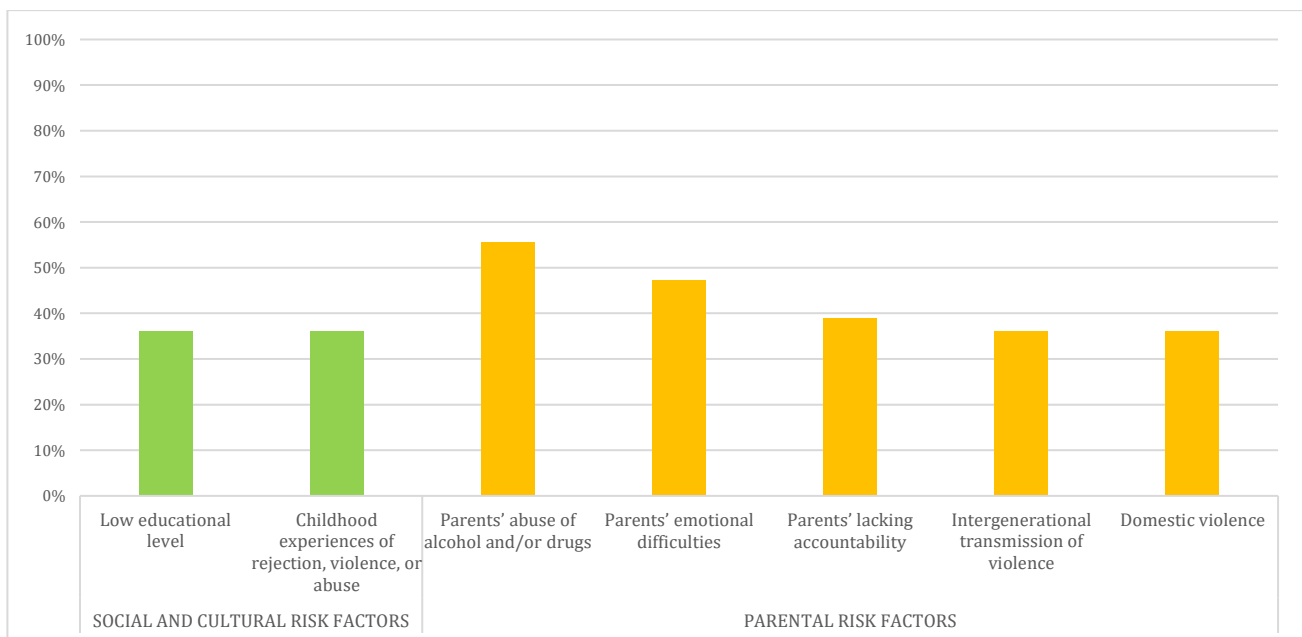


Figure 11. Perinatal stage – risk factors

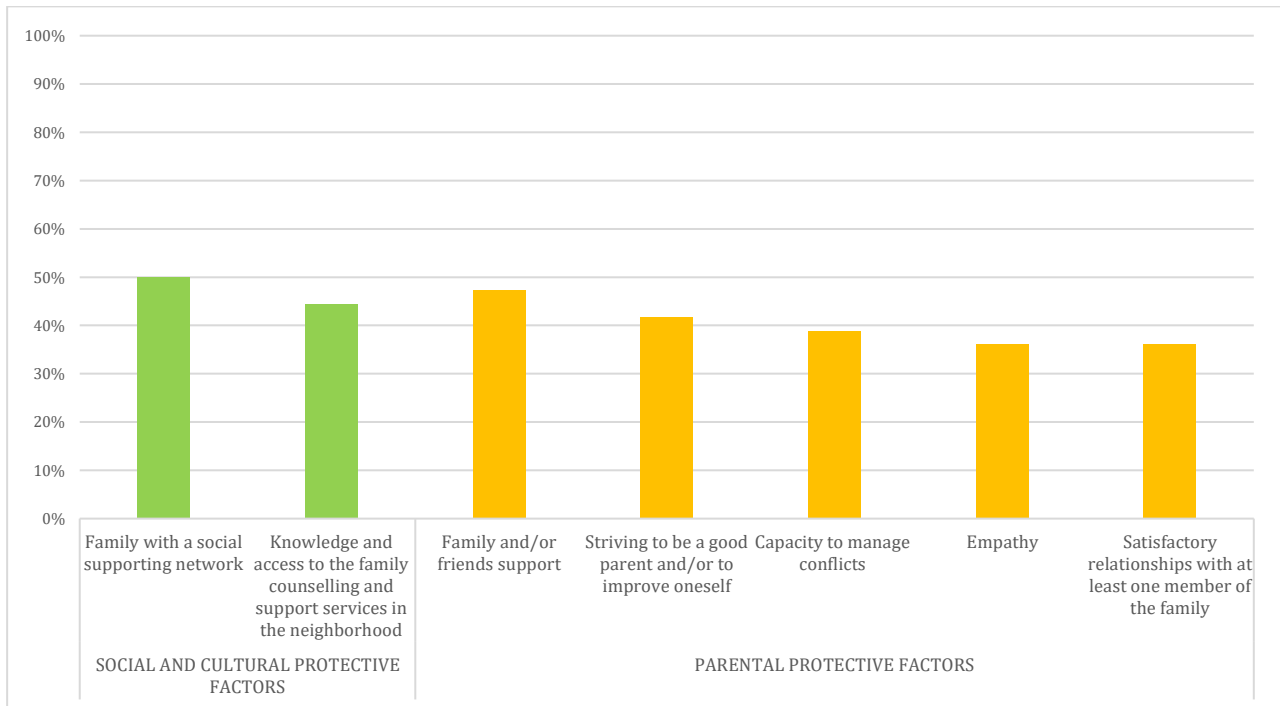


Figure 12. Perinatal stage – protective factors

The data shows that Polish at-risk parents during the **perinatal stage** often abuse alcohol and/or drugs. Most of them have low educational levels and have been exposed to childhood traumatic experiences that may have compromised their emotional and relational functioning and may lead to an intergenerational transmission of violence (Figure 11).

Building strong supporting networks inside the family, with friends and with services appear to be a fundamental protection for Polish vulnerable parents. In particular, it is important to intercept these at-risk cases from an early stage and help them relying on and building trust with services. Strengthening the parents' ability to manage conflicts and enhancing their parental responsibility and empathy appear to be crucial when supporting these parents (Figure 12).

The Postnatal Stage: risk and protective factors

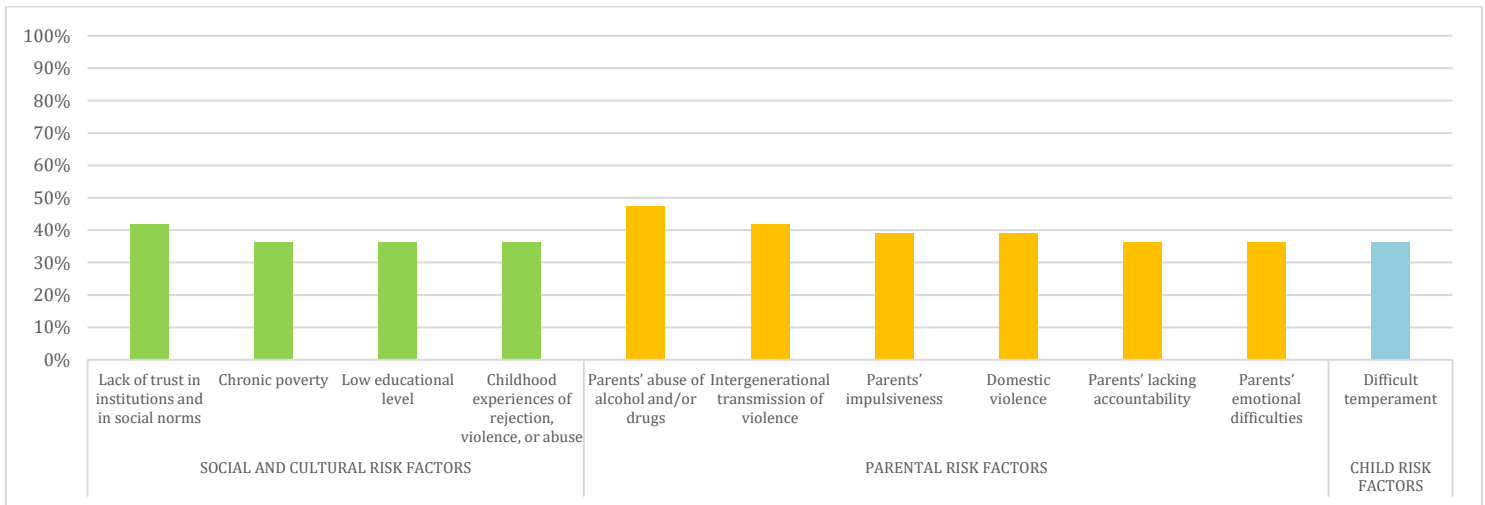


Figure 13. Post-natal stage – risk factors

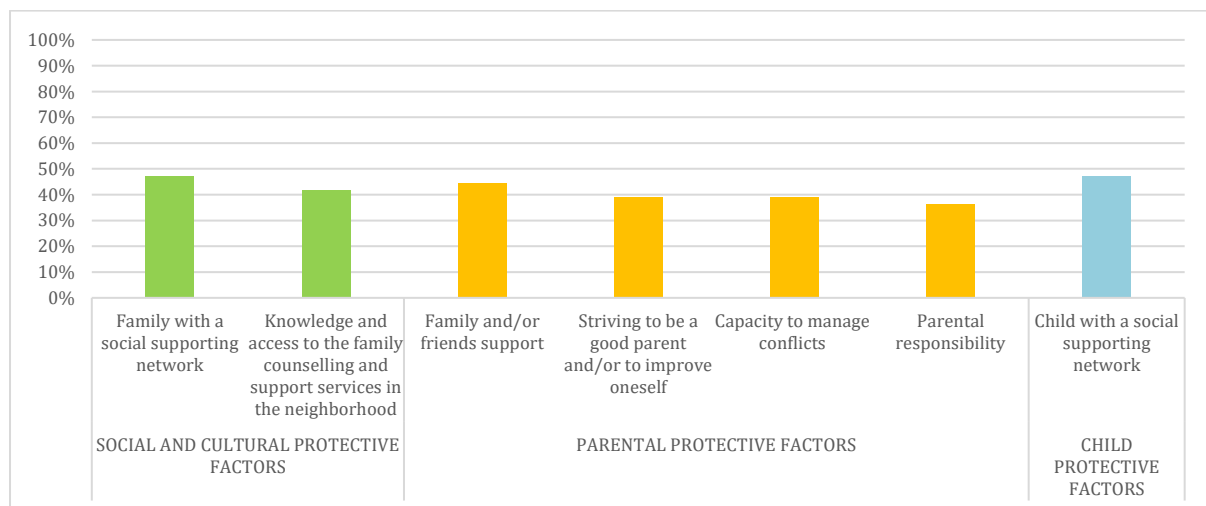


Figure 14. Post-natal stage – protective factors

In the **post-natal** developmental milestone, at-risk parents appear to be isolated in a disadvantaged context, where violence, rejection and abuse seem to proliferate, creating a vicious circle of abuse and harmful behaviors (domestic violence, parents' impulsiveness, parents' abuse of alcohol and drugs), that may increase in cases of difficult temperament of the newborn. Moreover, professionals highlighted the lack of trust that at-risk parents have in institution and social norms. **Therefore, the topic of building trust with caregivers turns out to be relevant to be raised and discussed with professionals.** Furthermore, facilitating the parents' access to services and integrating them in a social supporting network, which may accompany them in assuming their role of caregivers and the responsibilities connected with (Figure 14,15) turns out to be a fundamental supporting action.

The Kindergarten entry Stage: risk and protective factors

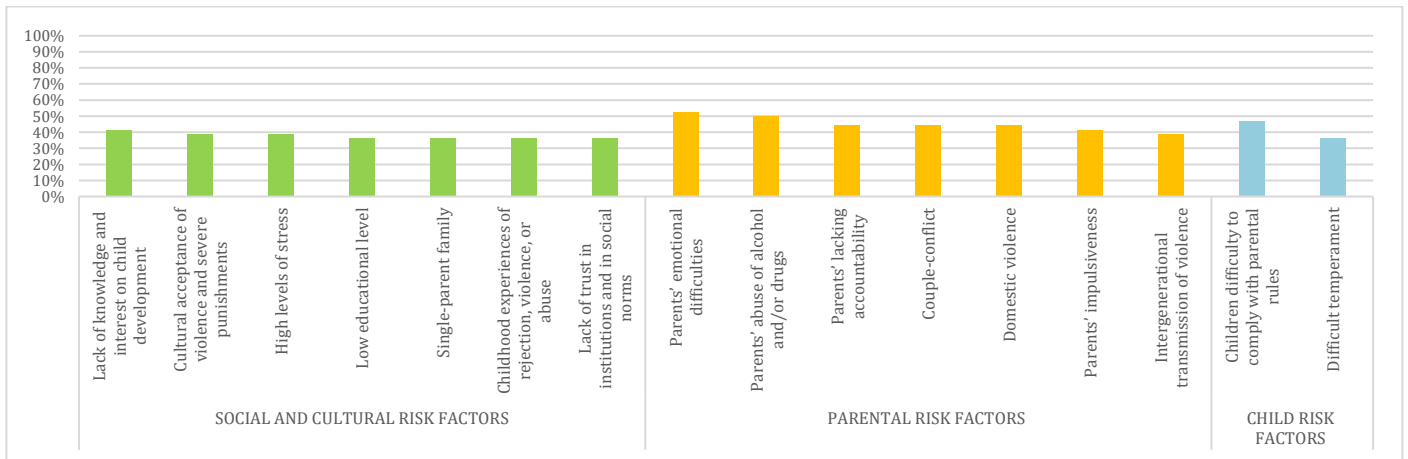


Figure 15. Kindergarten entry stage – risk factors

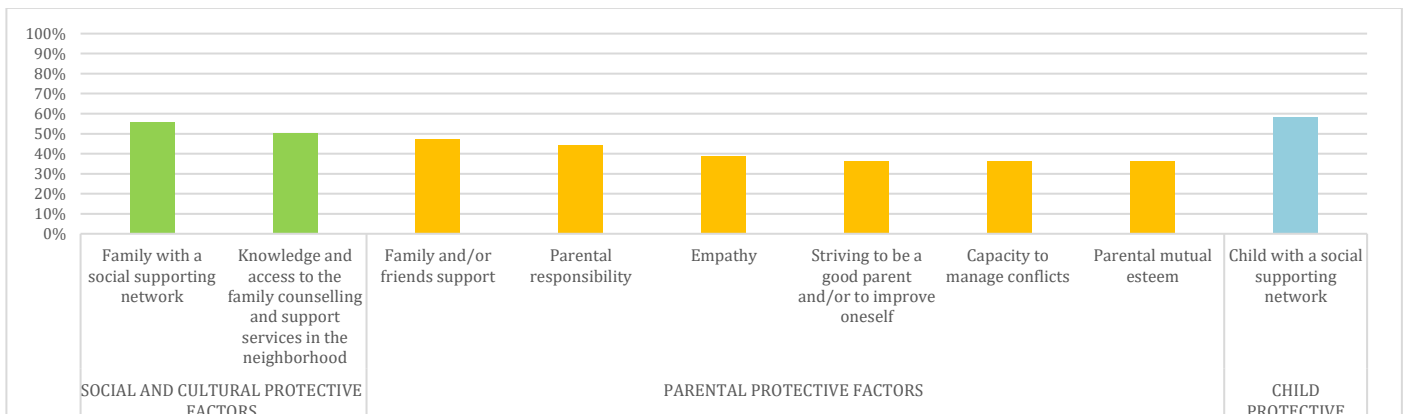


Figure 16. Kindergarten entry stage – protective factors

In passing time, risk factors in vulnerable families augment, particularly the parental ones. This data highlights the importance of connecting at-risk parents to a social supporting network since the early stages. During **the kindergarten entry**, among the distal social and cultural risk factors, which remain highly relevant, professionals highlighted parents' lack of knowledge and interest on child development and a cultural acceptance of violence. Results show a significant increase of parental risk factors, not only in terms of numbers (couple-conflict category was added) but also and mostly on their prevalence (Figure 15). The data reflects the fact that **if those risks are not addressed, they may increase over time and lead to a greater risk around children, that may lead to consequent impairments.**

Building healthy trustful relationships for both parents and children remain of key importance. Furthermore, **helping caregivers to strengthen their parenting skills, build parental mutual esteem and prompt their capacity to manage conflicts is crucial in this stage where the parent-child attachment is forming** (Figure 16).

The Early dating Stage: risk and protective factors

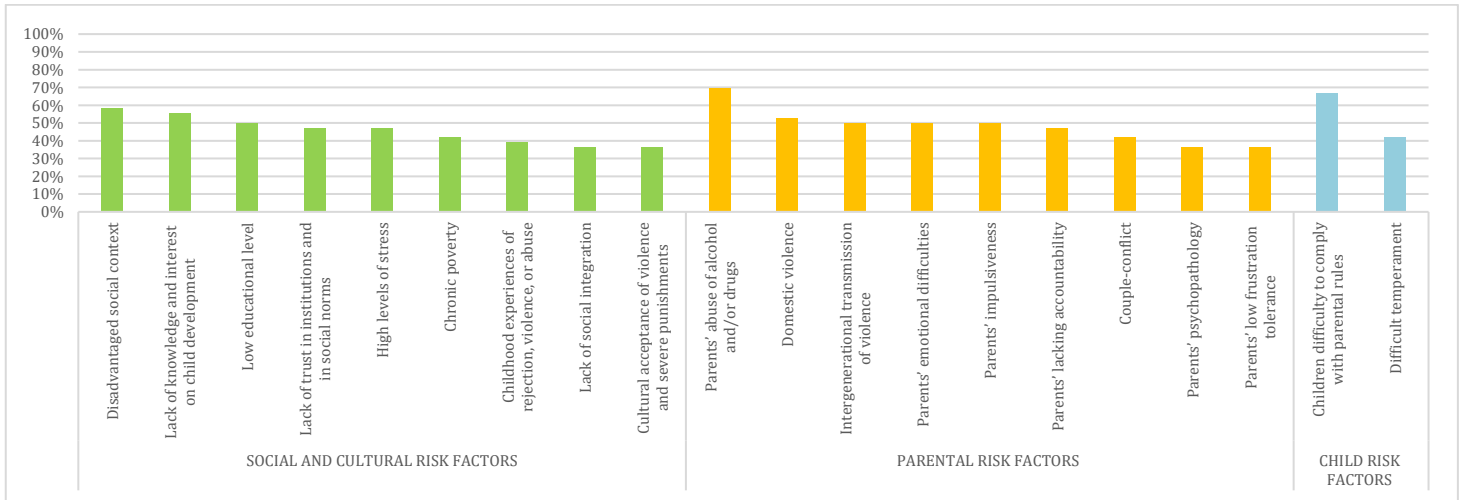


Figure 17. Early dating stage – risk factors

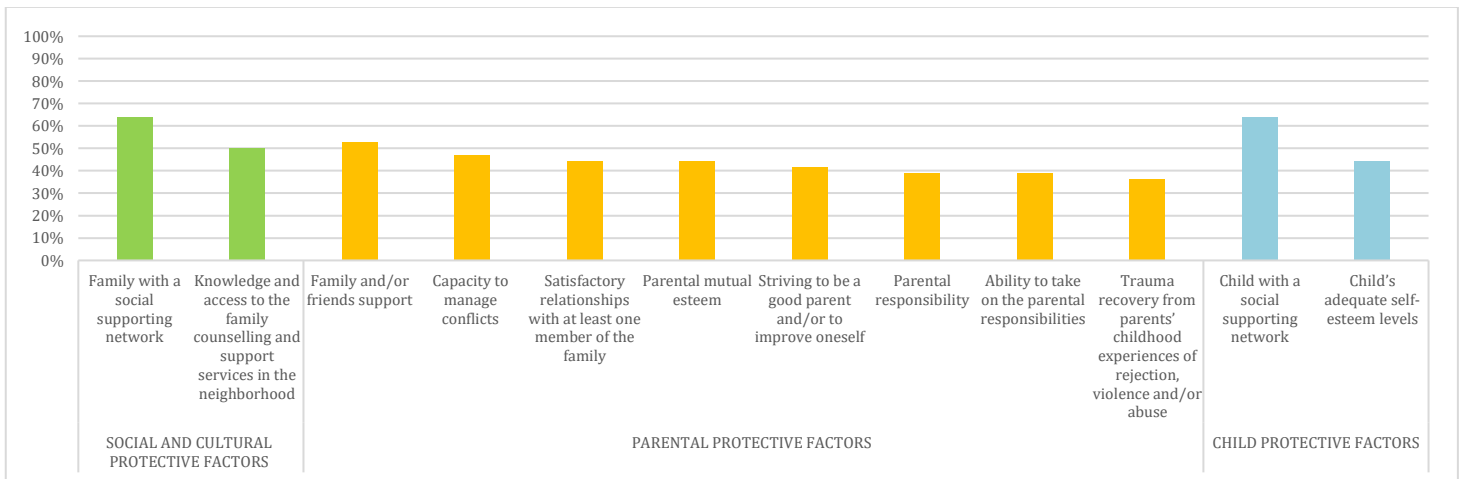


Figure 18. Early dating stage – protective factors

When children grow, social context gains back its predominance: in particular, living in a disadvantage social context, low educational level and lack of trust in institutions appear pivotal risk factors. In parallel, parental **risk factors increase making the family environment more toxic and hard to be tolerated by adolescents**, who show high levels of difficulty to comply with it and difficult temperaments (Figure 17). Regarding the protective factors, once again it is crucial working with **parents by enhancing their capacity to manage conflicts, the parental mutual esteem and the motivation to improve themselves and to assume the parental responsibilities**. In the meanwhile it is important supporting the **adolescents to enhance their self-esteem**. Finally, strengthening the formal and informal social supporting network remains fundamental both for the parents and for the child (Figure 18).

Section C: Professionals' Learning Gaps

Almost all professional categories collaborate with a multidisciplinary network they refer to when dealing with cases of ACEs. Only 22% of medical practitioners affirmed they don't collaborate with a multidisciplinary network for ACE cases referral.

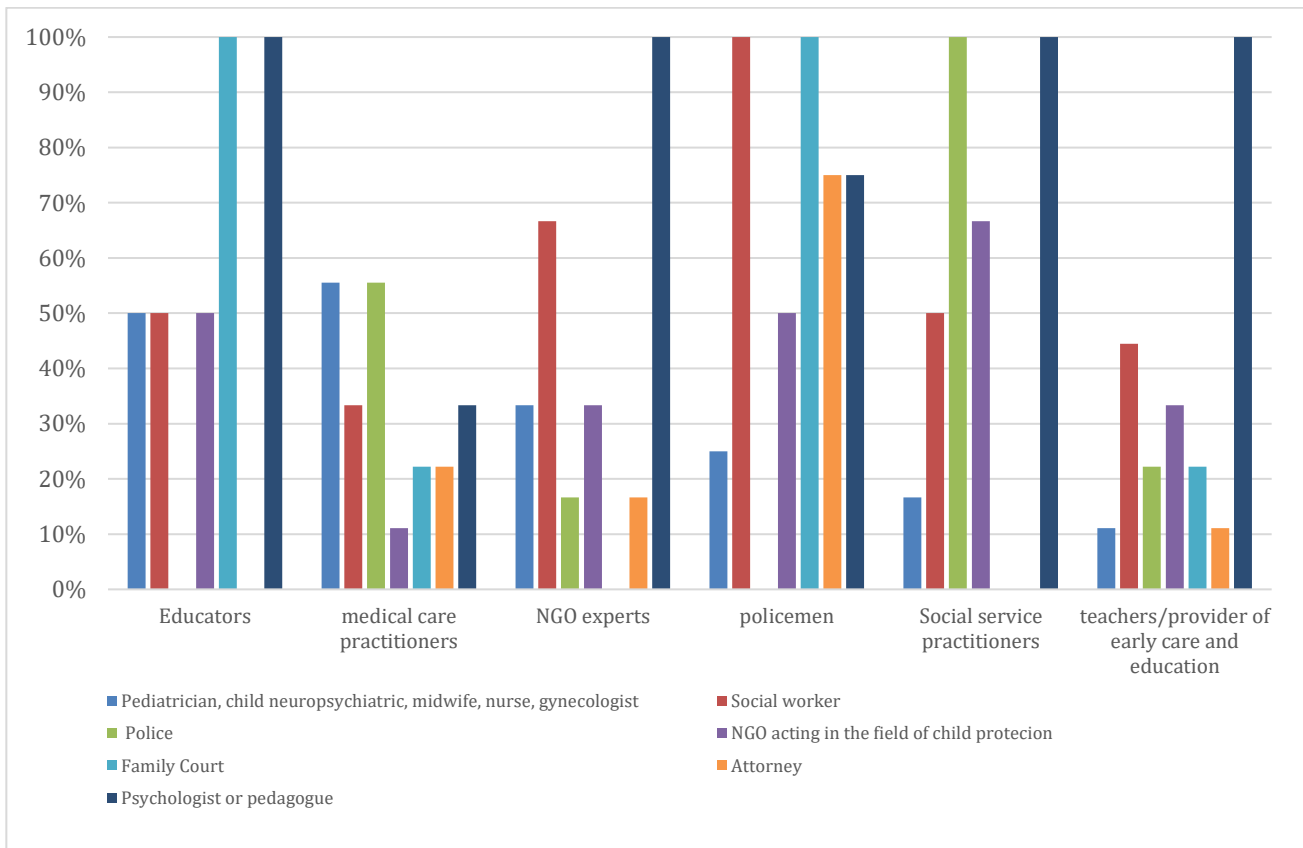


Figure 19. The main child protection actor in the professional referrals

In Poland, **psychologists** and **social workers** are the most approached professionals for referral of at-risk cases. Moreover, both educators and policemen refer cases mainly to family court, while NGO experts and social service practitioners do not. Finally policemen are key referral points for social service practitioners and for medical care practitioners, but not for educators (Figure 19). These results highlight the various levels of collaboration among the professionals concerning referrals and, therefore, there is a need to create a more integrated network of the child protection circles and systems.

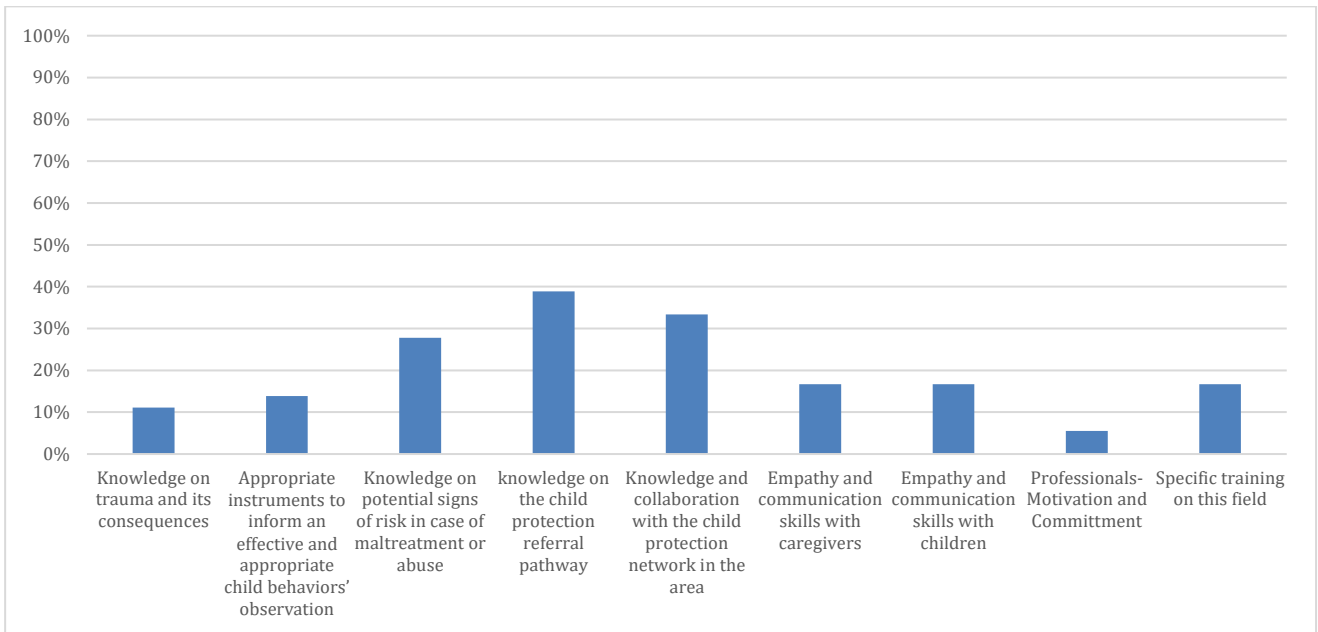


Figure 20. Main learning gaps in ACE

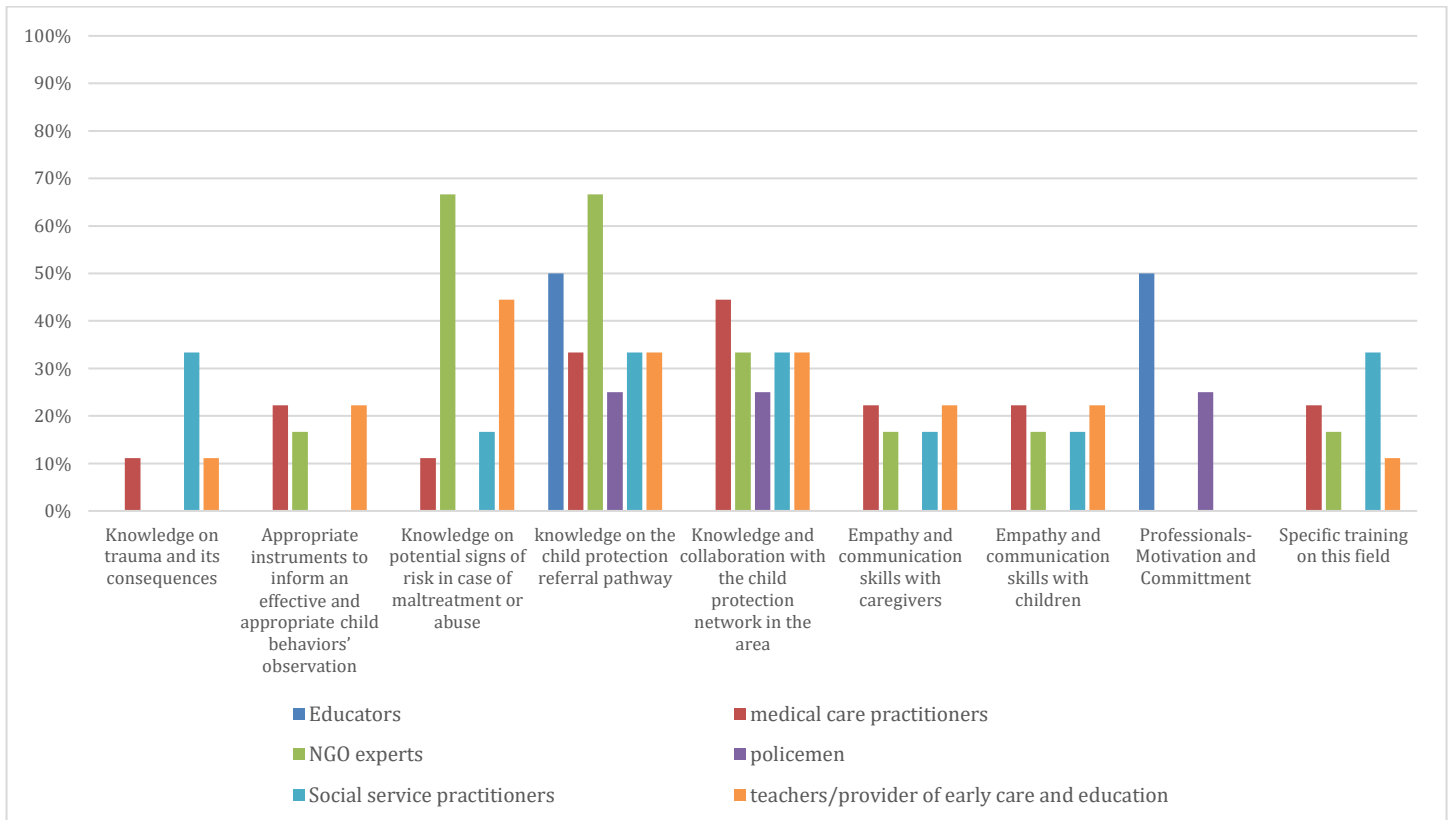


Figure 21. Main learning gaps in ACE – divided per professional category

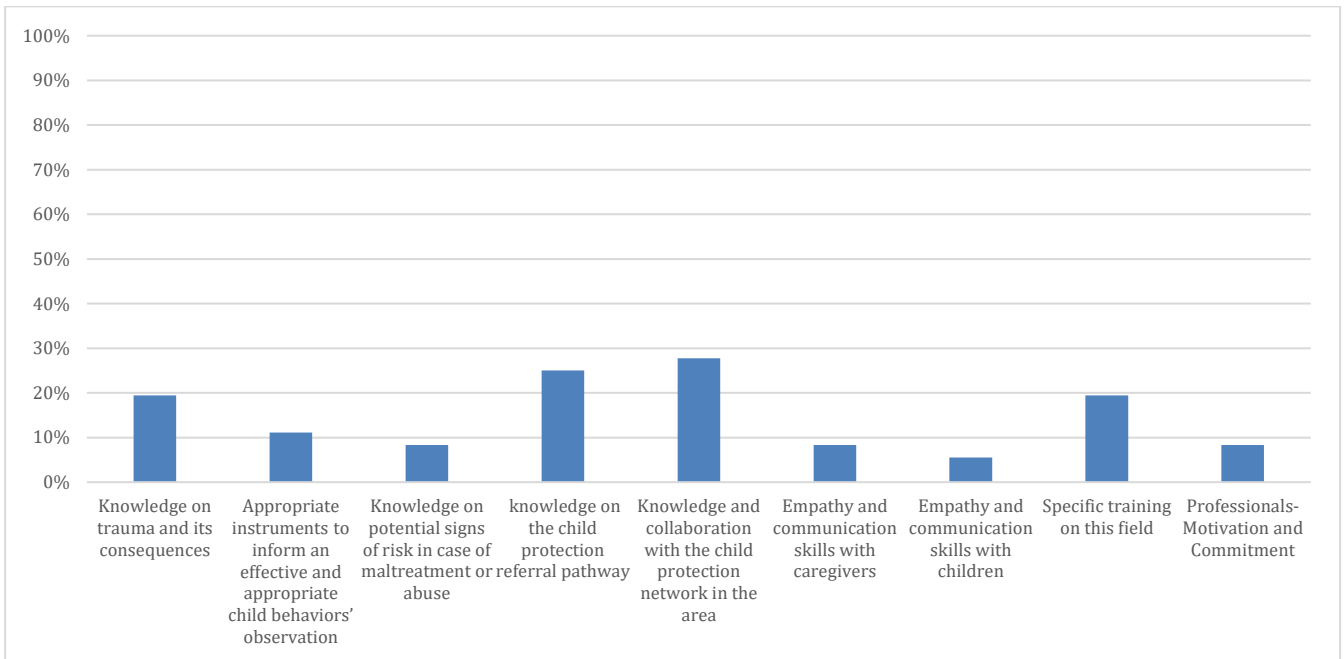


Figure 22. Main learning gaps in ACE detected in other professional categories

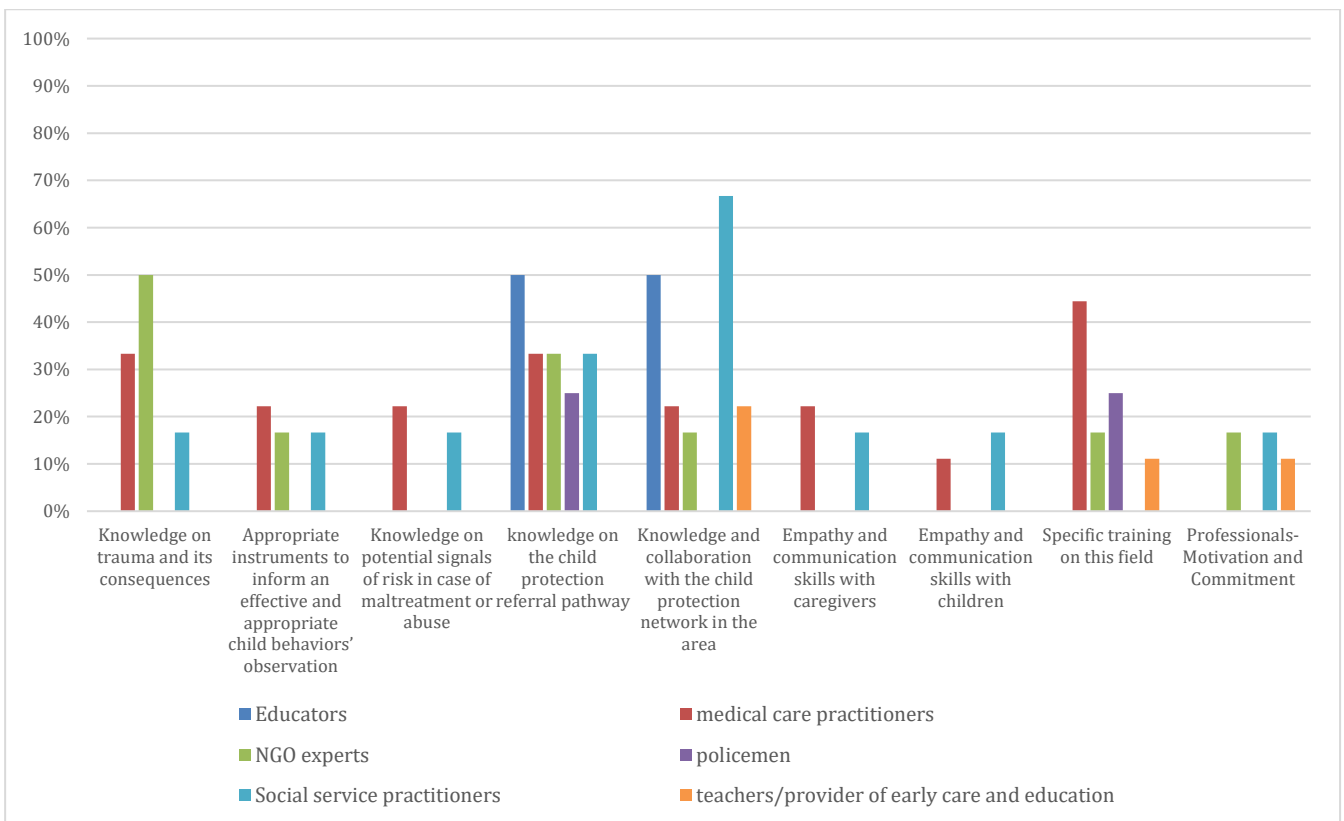


Figure 23. Main learning gaps in ACE detected in other professional categories – divided per professional category

The graphs (Figure 20,21,22,23) highlight the following points:

- The crosscutting learning gap of each professional category is the **knowledge on the specific protocol to be followed in the child protection referral pathway**. This topic needs to be included in both ToR training and in the following cascade trainings professionals will deliver. Indeed, once professionals are informed on the steps they need to follow, they may feel as key actors in the child protection network.
- **Child protection network needs to be strengthened** among all professional categories. PEARLS FOR CHILDREN targets this need, through strengthening a multidisciplinary group of child protection workers. *“ I believe that there should be much stronger cooperation between social workers - pedagogues/school psychologists and police officers. Quick exchange of information between these three institutions and mutual openness and cooperation would significantly increase the effectiveness of assistance activities towards children. I consider raising awareness of the importance of this cooperation as a priority in preparing to help children ”.*
- All professional categories, except for policemen and educators, believe they may benefit from trainings on psychology topics, particularly on psychological trauma, indicators on child behaviors’ observation and empathy and communication skills. However, policemen believe that mostly other professional categories would need to have specific training on psychology topics. **Raising awareness on the importance of being trained on psychological core concepts, when dealing with ACE cases appear to be relevant, particularly with policemen and educators.**
- Policemen and educators turned out to be low motivated and engaged in building supporting relationships with ACE cases due to the *“Lack of willingness and time to lean into the child's problem”* and the *“Hope that maybe someone else will notice and solve the problem, taking the responsibility away”*. Therefore, the ToR training needs to **work on their motivation and encourage their engagement in assuming the Tutor of Resilience role with their target beneficiaries.**
- Medical care practitioners reported educational gaps in each topic mentioned in the interview, both for their own professional category and the other ones. This result highlights both their engagement in filling the gaps and acquiring relevant skills and the central role other professionals assign them in the child protection network.
- Teachers and NGO experts recognize a strong need to be trained on **potential signs of risks in ACE cases.**

Conclusions

- The cross-sectional lack of knowledge on the child protection referral pathway, suggests to dedicate a section of the training on it, preferably conducted by local partner, in which relevant local informative documents and tools are shared.
- Building up a strong multi-disciplinary network of child protection professionals turned out to be a high priority in each country. Therefore it's important to deliver the training with a participatory approach, through team-building activities. Furthermore an adequate knowledge on the different actors of the child protection network (*e.g.* by creating and sharing a local service map) may facilitate the professionals' fundamental task of facilitating at-risk families' access to the local supporting services and break their isolation.
- The ToR training needs to work on the motivation and encourage the engagement of each child protection network actor in filling the gaps and acquiring relevant skills to assume the role of Tutor of Resilience with their target beneficiaries. Indeed most of the interviewed professionals highlight their need to overcome the fear of accompanying the children' disclosure, to change their attitude from blaming to supportive, and to be active in their role and increase their motivation in supporting ACE cases.
- The widespread access of all professional categories in each developmental milestone highlights the need to train professionals on the specificity of ACE in each developmental milestones and the related risks and protections that may shape the resilience process in beneficiaries.
- Each child protection professional category involved in the interviews stated the need to **widen knowledge on the psychological functioning of the ACE children and families, and to acquire general guidelines and specific tools on ways to observe, understand and respond properly to such cases.** In particular:
 - **Observation** skills, are mainly related to the knowledge on potential signs of risk in case of abuse and maltreatment. Indeed, most of the professionals feel incapable to identify the child protection cases that require immediate intervention.
 - **Understanding** and make meaning of specific emotions, behaviors and attitudes frequently adopted by at-risk family members is also fundamental to successfully address the issue. In particular, results show the importance of explaining the reasons of caregivers' and children' frequent tendency to secrecy, deny or minimize violent episodes and to distort the reality and their reluctance to collaborate, comply and rely on supporting networks. As a result, professionals may help them dealing with their



fears, accessing their memories without being shattered by them and seeking for support.

- A successful **response and intervention** with ACE cases require professionals to build empathy, bridge connections and apply adequate communication and counseling skills with the people of concern. In particular, a reflection should be conducted with participants on successful ways to build trust with both children and caregivers, in order not to feel judged but rather engaged in the supporting process. Furthermore, results show the relevance of collaborating and strengthening the caregivers' role throughout the different developmental milestones.
- Finally, qualitative data highlights some relevant topics for each country that will be included in the training. In particular:
 - The Italian professionals stressed the need to **acquire appropriate and culturally relevant instrument to inform an effective and appropriate child behavior's observation** and to **implement tailored interventions with ACE children**.
 - The Polish sample pointed out the need to increase the **professionals' motivation and commitment** in building resilience in ACE families and children, especially in some professional categories such as policemen and educators
 - The Lithuania sample required specific **counseling skills** that child protection actors may need to accompany and support families exposed to ACEs.